

The FIAPAC Newsletter, April-May 2018

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Editorial.

Dear members and friends of FIAPAC,

In less than six months we will meet in Nantes for the 13th meeting of FIAPAC. This 13th conference 'liberating women-removing barriers and increasing access to safe abortion care' will have a French flair.

FIAPAC attracts delegates from all over the world; multiple disciplines working in abortion care and contraception: clinicians, researchers, counsellors, policy makers, women's groups, global leaders in reproductive health, lawyers, ethicists and many more.

An exciting programme has been organised for the 2018 Congress, including plenary lectures, workshops, oral communications, poster sessions, and 'meet the expert' sessions. Delegates will be among the first to hear the results from the latest scientific research and have the chance to discuss these findings with the experts. But, most importantly, the congress will provide an opportunity to meet, to exchange ideas, to network and perhaps to collaborate in the future.

FIAPAC conferences are truly special and provide a unique forum where all issues related to abortion care and contraception can openly be discussed with likeminded colleagues. For all these reasons, I hope you will join FIAPAC and find this FIAPAC conference stimulating and rewarding.

In addition to the excellent scientific and social programme, I am sure you will enjoy discovering Nantes with its cobbled streets and vibrant outdoor cafes and restaurants. The weather in Nantes in September is sublime (for Scottish people) at around 20 C.

Look forward to seeing you there!
Sharon Cameron, President

General Assembly

Paid up FIAPAC members are cordially invited to attend the FIAPAC General Assembly (GA), which will take place on Friday 14 September 2018 from 18:00 - 19:30.

Place of the meeting: La Cité, Nantes Events Center, 5 rue de Valmy, 44041 Nantes, France



Board elections

2018 is a year in which board elections must be organised. Time and action table:

- 15 July: reference point at which the number of members per country is calculated to determine the number of board representatives for each country. Each country may have one representative in the Board if they have five paid-up members; two representatives if a country has twenty or more paid-up members.
 - 15 July: start application period.
 - 15 August: closing date for applications.
 - 16 August: countries are informed on the candidates, followed by e-voting.
 - September: the new Board will be announced formally at General Assembly
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- All voting will be by secret e-ballot.
 - If there is only one candidate, voting will still take place (yes/no).
 - If there are two vacancies and two or more candidates, members can vote for one or two names.
 - The decision will be by simple majority ie the person with the most votes will be appointed. If there are 2 vacancies, the 2 persons getting the most votes will be appointed. If there is a 'tie' of votes, the 'winner' will be decided by the toss of a coin.
 - There will be no proxy votes.

Call for congress bids 2020

Bids are welcome to host the FIAPAC Conference in the year 2020.

Although it may look far away, we are aware that preparing a bid takes time and we would like to remind you that proposals to be the venue should be presented 2 years ahead at the General Assembly.

The deadline to submit a bid is 18 August 2018.

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

Membership 2018

Join FIAPAC or renew your 2018 membership!

- We welcome all professionals working in the field of family planning and/or abortion.
- Membership is on a calendar year basis (from 1 January to 31 December).
- The annual fee is 60 euro or 100 euro for two years (2018 and 2019).

How to arrange your membership?

By completing and submitting the [membership form](#).

Liberating women - Removing barriers and increasing access to safe abortion care

13th FIAPAC CONFERENCE
14-15 September 2018, Nantes, France
www.fiapac.org



2018 Conference

Liberating women - Removing barriers and increasing access to safe abortion care
14 – 15 September 2018
Nantes, France

Programme

Have a look at the **programme** – There is no one, universal way of taking care of abortion and contraception. We all grow and better ourselves thanks to our exchanges with the others. The FIAPAC conference will provide fertile ground to improve abortion and contraception care, to increase professional reflections, and explore an ethical view of woman's control of her reproductive life and sexuality.

Registration

Be sure to benefit from the early **registration** fee (deadline 31 May).

Save-the-date and join us in Nantes for the 13th FIAPAC Conference!

The poster features the Exelgyn logo on the left and the FIAPAC logo on the right. The main title is 'Exelgyn Call for projects 2018'. Below the title, it states 'A 10 000€ budget will be allocated'. The text describes the call for projects, the selection process, and provides contact information.

Exelgyn

FIAPAC
International Federation of Professional Abortion and Contraception Associates

Exelgyn Call for projects 2018

A 10 000€ budget will be allocated

Exelgyn, in partnership with the International Federation of Professional Abortion and Contraception Associates (FIAPAC), announces its 2018 call for project

CALL FOR PROJECT

"Improving the quality of life for women having a medical abortion"

As to support and encourage clinical research, and best practice in the management of Medical Termination of Pregnancy (MTOP), this research grant aims to promote clinical research that improves the quality of life and the autonomy for women before, during and after a medical termination. This includes but is not limited to:

- ◆ Pain associated with first trimester MToP
- ◆ Economic aspects of first trimester MToP versus Surgical Termination of Pregnancy (SToP)
- ◆ Increasing the autonomy of women during the process,
- ◆ Giving the option of home use of misoprostol,
- ◆ Giving the option of home follow-up (not taking into account the abortion protocol used),
- ◆ Medical mid-trimester abortion for medical reasons.

The project must comply with the local Summary of Product Characteristics of Mifegyne® and the European Medicines Agency recommendations.

Beneficiary/ies
Any European (including overseas territories) Health Care Professionals involved in MToP such as gynaecologists, GPs or midwives either registered or in training. They should be paid-up members of FIAPAC.

Selection by the Scientific Board will take place in four steps:

- ◆ Completion of the application form (deadline : **May 31st, 2018** at the latest).
- ◆ The Exelgyn/FIAPAC grant awarding committee will select the beneficiary(ies) according to the quality and originality of the research proposal.
- ◆ The beneficiary(ies) will be informed by Exelgyn/FIAPAC grant awarding committee representative in June 2018 at the latest.
- ◆ The selected project(s) will be published on the FIAPAC website, mid 2018.
- ◆ The project will be awarded during the FIAPAC congress in October 2018.

For more information and to answer to the call
please download the document « Open call for grant proposals»
as well as the project application form: <http://www.fiapacgrant@exelgyn.com>
Contact: fiapacgrant@exelgyn.com

Exelgyn sponsored Research Grant in partnership with FIAPAC

Exelgyn, in partnership with FIAPAC, will provide funding to support an individual, group, institute or organisation with a project within Europe related to the aims and scope of the Exelgyn/FIAPAC project "Improving the quality of life for women having a medical abortion".

Conditions & application form.

- Who can apply? Applicants must be paid-up FIAPAC members.
- Deadline: applications **MUST** be received at FIAPAC by 31 May 2018.
- Project applications should be sent to: fiapacgrant@exelgyn.com
- Budget: 10 000 euros maximum for the successful application. If the Exelgyn / FIAPAC grant committee decides, the fund may be split to more than one project.
- Questions? fiapacgrant@exelgyn.com

BSACP/ARHP Webinar

Barriers to Abortion Access as Reported by British Women: An Ongoing Report
Dr. Kate Guthrie, FRCOG, FFSRH
Thursday, May 10, 2018
[Info and registration link](#)



Pratique de l'IVG instrumentale par les sages-femmes

Lettre ouverte des médecins favorables à la pratique de l'IVG instrumentale par les sages-femmes.

France

The French Health Authority, ANSM, officially announced on the 20th of October 2017 that Pfizer will stop the commercialisation of Cytotec® on the French market as of March 1st, 2018. The decision was made due to a number of reports of serious side-effects caused by the off-label use of the drug in labor induction and medical abortion. The ANSM requested the companies providing misoprostol indicated for medical abortion, Nordic Pharma and Linepharma, to guarantee continuous access to misoprostol treatment for gynaecological indications. The ANSM highlights the fact that some products are already available on the French market in the different indications:

- In Induction of labour: Propess® (Ferring).
- In Medical Termination of Pregnancy: GyMiso® (Linepharma) and MisoOne® (Nordic Pharma).

Switching from an off-label use of Cytotec® to products which have a label for medical abortion also means that misoprostol will be significantly more expensive. The price for the frequently used dosage of 400mcg of misoprostol (2 Tabl. of Cytotec) of around 0,20€ will increase to around 8 to 15€. However the costs for the medicines in abortion care are totally covered by social security in France and therefore women will not have to pay more.

Aubert Agostini, Marseille



Ireland

The decision by the Republic of Ireland's Government to hold a referendum on the Eighth Amendment in May 2018 is a critical step forward on the road to providing safe, regulated abortion care to women who need it. As a result of a referendum in 1983, Article 40.3.3, known as the Eighth Amendment, was inserted into the Republic of Ireland Constitution and states; 'The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.'

The Eighth Amendment equates the life of a pregnant woman with that of an embryo or fetus from moment of conception and has created an unworkable distinction between a pregnant woman's life and her health. It criminalizes abortion in cases of rape, incest and fatal foetal abnormalities in fact in all cases except if continuing a pregnancy would result in certain death. At least 170,000 women from the Republic of Ireland have travelled to the UK and more to other European countries for abortions since 1983.

The Eighth also affects consent in maternity care; Under the Eighth Amendment, a woman and her pregnancy are treated as two separate lives, of equal importance, with separate rights.

As a result, women have limited rights to agree to or refuse examinations or medical treatment such as cancer treatment.

<https://www.togetherforyes.ie/the-facts/facts-about-the-eighth-amendment/what-is-the-eighth-amendment/>

"The Eighth Amendment criminalizes abortion in cases of rape, incest and fatal foetal abnormalities in fact in all cases except if continuing a pregnancy would result in certain death."

"Ireland and Northern Ireland are two small, similar but legislatively different countries that co-exist on the same small island. They have different governments, currencies and a different postal system. The official British position is that Northern Ireland is part of the United Kingdom. Articles 2 and 3 of the Republic of Ireland constitution also lay claim to the 32 counties of Ireland, somewhat modified by the Irish government's acceptance in the Anglo-Irish Agreement that any move towards unity required the agreement of a majority in Northern Ireland. Up until 20 years ago there was a sectarian civil war in the North for many years and they are still slowly emerging from that period of violent armed conflict." <http://cain.ulst.ac.uk/othelem/facets.htm>

However both the Republic of Ireland and Northern Ireland have abortion laws which are amongst the most restrictive in the world. The UK 1967 Abortion Act was never extended to Northern Ireland, and abortion remains illegal in all but the most extreme circumstances.

Northern Ireland has the harshest criminal penalty for abortion anywhere in Europe; in theory life imprisonment can be handed down to a woman undergoing an unlawful abortion.

In the Republic of Ireland where the upcoming referendum to repeal the 8th amendment will be held termination of pregnancy is only permitted in cases where there is a real and substantial threat to the life of the woman. Under the current law, both those who obtain and those who offer assistance to someone obtaining an abortion are liable to criminal prosecution. The sentence for accessing abortion in Ireland illegally is up to 14 years' imprisonment.

Denise O'Toole from The Abortion rights campaign Ireland says: "For a number of years we have been campaigning to Repeal the Eighth Amendment here and for a reform of Northern Ireland's abortion laws and extension of the 1967 Abortion Act.

As members and co founders of 'Together for Yes' the National Civil Society Campaign to remove the Eighth Amendment from the Constitution along with the Coalition to Repeal the 8th, and the National Women's Council of Ireland we move into the final stage of the campaign closer to the referendum day on May 25th.

"We want to protect women's health and well-being and ensure that doctors can care for their patients here . This is only possible if we remove the Eighth Amendment from our Constitution and allow the Dail to legislate for the provision of abortion care, in line with best medical practice."

Ms. O'Toole continues "We know that the vast majority of people want to see change to our abortion laws, so that women and their families can make personal and private decisions about their healthcare. They want to protect women's health and well-being and ensure that doctors can care for their patients here. This is only possible if we remove the Eighth Amendment from our Constitution and allow the Dail to legislate for the provision of abortion care, in line with best medical practice."

"We know that the vast majority of people want to see change to our abortion laws, so that women and their families can make personal and private decisions about their health-care."

Right now the Eighth Amendment is an absolute barrier to any change. In 2018 the people of the Republic of Ireland will have the opportunity to vote Yes, to remove the Eighth Amendment from our constitution, and bring us one step closer to a compassionate place where a woman can access the abortion care and support she needs at home."

- www.abortionrightscampaign.ie
- www.togetherforyes.ie
- www.alliance4choice.com/news/2018/2/the-situation-in-northern-ireland-constitutes-violence-against-women-cedaw-inquiry

Mary Favier - Doctors for Choice Ireland adds: Once the Ammendment is repealed the government, after holding an extensive consultative process in the form of a Citizens Assembly, will introduce abortion provision in Ireland with a primary care medication abortion service unrestricted as to reason up to 12 weeks, after 12 weeks a hospital based service will be provided where there is a risk to the health of the pregnant woman. No distinction is to be made between physical and mental health. We are all busy campaigning to ensure the 8th is repealed.

Vesna Stepanic (Croatia)

Croatia Today: The law that regulates abortion performed on the women's request has to be changed in the next 12 months, as the Croatian Parliament decided on Feb 21, 2017.

Interviews with Dr. Vesna Stepanic, MD, PhD, gynecologist from Zagreb, Croatia and a member of the ESC-EG on Abortion.

For the whole interviews in Croatian please follow:

- https://www.belupo.hr/media/magazine/Belupo_214_zadnje.pdf (pages 12-15)
- <https://www.pressreader.com/croatia/vecernji-list-hrvatska/20180315/281513636676261>
- <https://www.vecernji.hr/vijesti/zakon-o-pobacaju-vesna-stepanic-1232657>

On February 21, 2017, the Croatian Parliament decided that the Government has two years to propose a new law that regulates abortion on the women's request. In Croatia, this matter is currently regulated by a law passed in 1978. Although this law is somewhat liberal, in the last 40 years, many influences have been brought to bear on it making reasonable and necessary to change the existing Law.

In an effort to educate the experts and public various reports have been made in the media. The first interview, provided a short look into the European Society of Contraception and Reproductive Health (ESC) and the Expert Group on Abortion (EG on Abortion).

This was followed by a short review of the First International Symposium on Avoiding Unwanted Pregnancies granted by the European Society of Contraception and Reproductive Health that was held in Zagreb, Croatia in May 2015. A few words about the presentation on the abortion situation in Zagreb, given by Dr Vesna Stepanic at the FIAPAC Congress in Lisbon in October 2016, followed.

The rest of the interview was dedicated to the decision of the Croatian Parliament. Dr Vesna Stepanic, as an ESCRH EG on Abortion member, gave her opinion about what could realistically be expected in the next year.

The second interview, in the daily newspaper based in Zagreb, provides a detailed overview about this issue, and more details about what could be expected in Croatia in the next 12 months taking into account political situation, etc.

It is important that this field is regulated by the law, and there is a hope that all the experts involved in this field will take their homework seriously.

The Author declares no conflict of interest.



Sam Rowlands (Secretary of BSACP, UK)

The British Society of Abortion Care Providers has recently launched its new website.

Please view it at: www.bsacp.org.uk

We hope you like it. The website has a Members Only area which is primarily for UK providers who have signed up for BSACP membership. But there are sections of general interest such as News, a Blog and listings of upcoming events.



Sharon Cameron (UK)

Scotland - In April, the annual Scottish abortion care providers meeting takes place in Glasgow. Around 150 delegates are expected to attend this Scottish version of FIAPAC. The latest statistics will be presented and updates on new developments in care of women including the recent experience of home use of misoprostol for early medical abortion at home.

Ellen Wiebe (Canada)

When mifepristone first became available in Canada in January 2017, it cost \$350 for each dose and there were multiple restrictions on physicians prescribing and pharmacists dispensing. This meant there was very little uptake. A year later, the national restrictions have eased and most jurisdictions are providing mifepristone free to women who need it. Now women in Canada have real choices and access to abortion is improving.

Mirella Parachini (Italy)

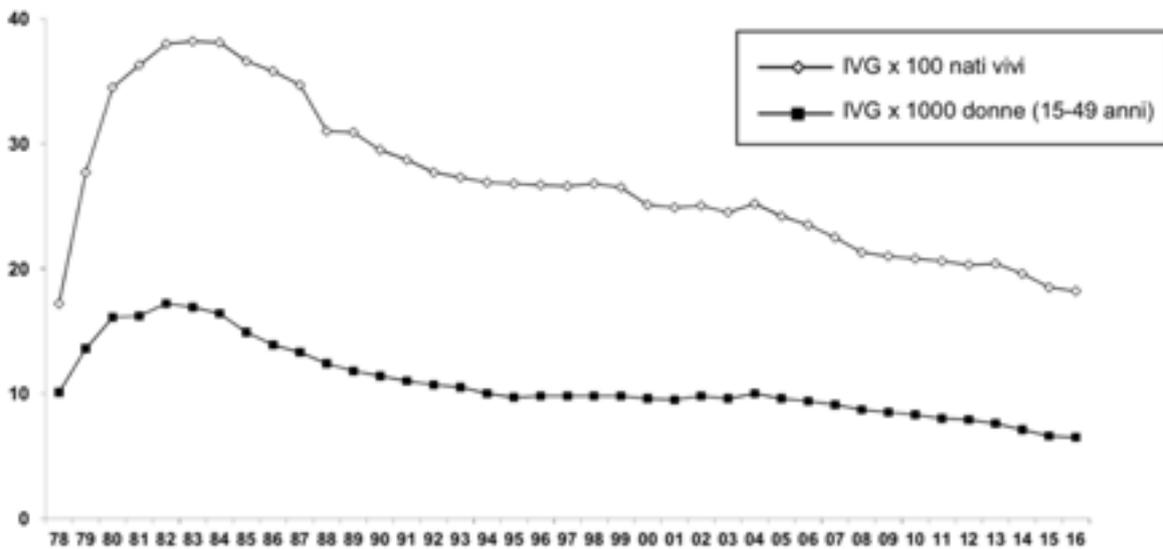
On May 22 of this year forty years will be celebrated after the approval of the abortion law in Italy. Until the 1970s, the Italian Penal Code of 1930 prohibited publicity on contraception and the performance of abortions, except when the life of the pregnant woman was threatened. The law number 194, approved in 1978, is considered one of the most advanced in Western Europe, but in fact, it only provides such broad grounds on which abortion is permitted that it has been interpreted by some as allowing abortion on request—although the law does not specifically contain such a provision—because it is the woman herself who attests that she is in one of the situations described by the law and the primary role of the physician is to certify the existence of a pregnancy. Despite what the law says, women still struggle to access abortion in Italy, mainly because of objecting doctors. Italian law authorizes abortion until the 90th day of pregnancy, but over 70 percent of doctors practicing obstetrics and gynecology object to performing abortions on moral grounds, as the law allows them to do so through “conscientious objection.” Medical abortion remains a minority of cases having only been approved in 2009 (17% of all abortion in 2015). A lot of work to do..

Silvio Viala (Turin, Italy)

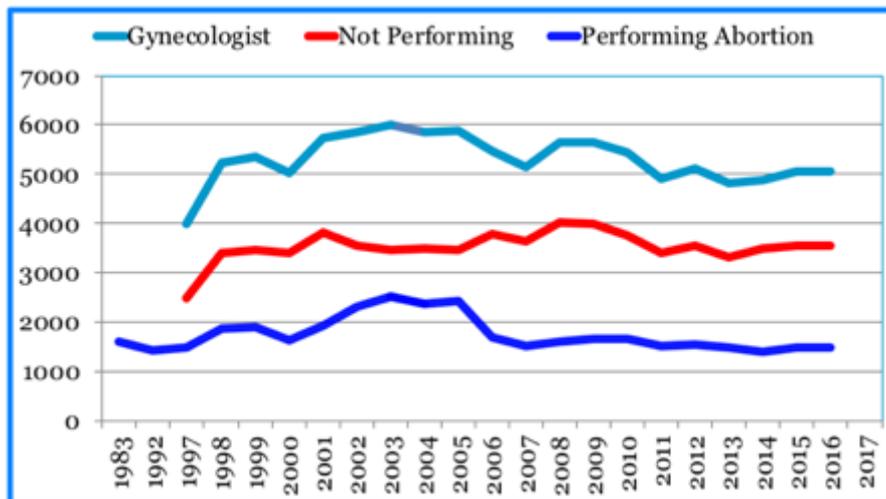
Abortions down in Italy, conscientious clause stable.

According to the annual government report in 2016 there were 84,926 abortions with a 3.1% reduction compared to 2015 and 32.9% reduction in the last 10 years. The abortion rate was 6.5 x 1,000 women 15-49 years with a reduction of 28.6% compared to 9.1 x 1,000 women of ten years earlier. Application of the on-scieces clause is stable at 70.9% of gynaecologists. Italian law prescribes that abortion can be practiced only by gynaecologists and only in public hospitals, with few exceptions. In 2016 the gynecologists accepting to perform abortions were 1,481 with an average of 57 abortions per year per gynecologist. However, there are regional differences. Although there are no real impediments to abortion, the system suffers from the historical political decision not to organize abortion centers. A positive example of an abortion center is the S.Anna hospital in Turin, where the abortion service operates from Monday to Friday and makes over 3,000 abortions. Of 81 gynecologists working in the hospital, those accepting to do abortions are 29 (35.2%) and those not acceptng are 52 (64.8%). In the 2017 the S.Anna Hospital performed 3,6% abortions of the first trimester and 5,4% abortions of the second trimester of all Italy.

1. Abortion trend in Italy



2. Conscience clause trend in Italy





Cyprus

Parliament decriminalises abortion

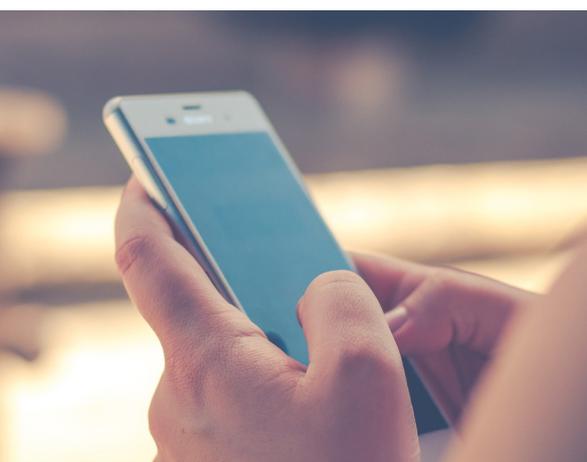
March 30th, 2018 - George Psyllides Cyprus

After years of discussion parliament on Friday passed with an overwhelming majority a law decriminalising abortion. The controversial matter – which had remained largely stagnant out of fear of reprisal from the church – was voted into law with 33 votes in favour, eight against and five abstentions. It allows termination of an unwanted pregnancy up to 12 weeks of gestation. In case of rape, an abortion can take place up to 19 weeks.

Continued: cyprus-mail.com/2018/03/30/parliament-decriminalises-abortion/

The story of the woman arrested for abortion in Oct 2017 is here:

cyprus-mail.com/2017/10/12/outcry-woman-arrested-abortion/



Gynuity Health projects

The TelAbortion Study is a research project that aims to evaluate the use of telemedicine for providing a medical abortion to women who have difficulty getting to an abortion clinic.

After consulting with an abortion provider by videoconference, qualifying participants are sent the necessary abortion medicines by overnight mail. The study collects data to determine how well this service model works and whether women like this telemedicine approach for providing abortion.

Currently, only women living in the states of Hawaii, Oregon, Washington, and Maine are eligible to participate in this study. We hope that if this proves to be a feasible approach it will be expanded to serve women in other states.

Want to learn more? www.telabortion.org

Erica Chong echong@gynuity.org

Olivia Marshall (bpas - press and campaign officer)

This April marks the 50th anniversary of legal abortion provision in England, Wales and Scotland. As the anniversary approaches, calls are growing for abortion to be removed completely from the criminal law. The Royal College of Nursing is the latest in a string of medical bodies to consider whether the current law is appropriate in 2018. The Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Faculty of Sexual and Reproductive Healthcare and British Medical Association have already all rejected the ongoing criminalisation of abortion in the UK, which is out of step with public opinion and preventing us from providing the best clinical care. As neighbouring Ireland contemplates its own abortion law, we hope that our government will listen to calls for reform at home.



Mirjam Denteneer and Raina Brethouwer (the Netherlands)

It was November 2017 when the CASAclinics in the Netherlands definitively went bankrupt, but the clinics in Amsterdam, Rotterdam and Maastricht delivered abortion services until the beginning of December.

The remaining Dutch clinics took up the challenge to provide enough appointments for everyone looking for abortion care and even though waiting periods of two to three weeks were a reality, it was all managed quite well. A new clinic (Gynaikon) was started in Roermond and this clinic also took over the Rotterdam location of CASA and started providing services from December and January respectively. Bloemenhove decided to support a clinic in Amsterdam, which started activities early February in the former CASA building.

So the landscape of abortion delivery has rapidly changed; for the moment it looks like enough services can be provided also for clients from abroad. We are confident the services will remain of the same high quality it has always been.

Deborah Bateson and Angela Dawson (Australia)

The recent election in Australia's southern-most state of Tasmania brought abortion access into the media spotlight: theconversation.com/factcheck-do-women-in-tasmania-have-access-to-safe-abortions-92173

While abortion in Tasmania was removed from the criminal code in 2013, it is not available upon request in the public health system and the few private providers of surgical and medical abortion can be difficult for women to identify. Cost can be a significant issue and some women need to travel interstate for services incurring additional travel and accommodation costs.

This situation led to a call for an urgent assessment of public health care provision and also drew attention to the lack of abortion data needed to support service planning. In Australia there is no routine national abortion data collection for either surgical abortion or medical abortion. The most recent national data set was published in 2005, 7 years before the introduction of medical abortion, and was pieced together from a variety of sources. The lack of data makes accurate longitudinal tracking of abortion rates impossible, although declines in line with other high-income countries have been shown in the two states where data are available (from 16.7 to 13.5/1000 between 2003 and 2015 in South Australia and 18.6 to 16.4/1000 between 2003 and 2012 in Western Australia).

Accurate abortion data to inform policy, workforce and service development is a national priority in Australia – we will keep you informed with any advances!

Kristina Hänel, Gabriele Halder and Christian Fiala (Germany & Austria)

A very strange legal battle erupted in Germany and reached the highest political levels.

Advertisements for legal abortion are illegal in Germany based on a Hitler-era law designed to make it difficult for women to access an abortion because the government wanted lots of soldiers. The relevant paragraph 219a is still in force unchanged, and prohibits abortion providers from publishing any information about their service. Women who need an abortion usually get a list of doctors during the obligatory counseling done in specialized centers. The religious side has exploited this scandalous law to sue numerous doctors who used their websites to inform patients that they provided abortions. In all cases, doctors were forced to delete this information. Consequently, no website in Germany provides information about doctors who perform abortions. The only such site is registered in Austria: www.abortion-clinics.eu

Last year, a courageous colleague and member of FIAPAC from the beginning, Kristina Hänel, was hauled into court, convicted, and fined 6.000€ for the information about abortion on her website. But unlike other doctors, Hänel refused to delete the information from her website and instead appealed the verdict. She also started a public campaign that went viral to the point that her case was taken up by the new coalition government that recently took power.

The issue became a major debate in the German parliament – should this paragraph be deleted and should abortion providers be allowed to inform patients about abortion? Abortion leads to very emotional debates, so it is not surprising that MPs are divided over whether or not to delete this paragraph. All political parties except the governing conservative CDU from Angela Merkel and the right wing populist AfD party support to delete this law. In the talks about the consolidation of the current big coalition the social democratic party SPD gave in to the conservative CDU and suspended their call to delete this law. Meanwhile the impressive social movement to abolish this law is very active.

We will have to wait a few more months to see whether the German parliament is ready to uphold 21st century women's rights or whether it prefers to keep women in the role defined by previous monarchies and fascist governments.

Kristina Hänel will speak at the next FIAPAC conference about her experience with the German law.

The story can be followed online here (although in German only):
solidaritaetfuerkristinahaenel.wordpress.com