

# **Second trimester abortion in Europe**

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# Why focus on second trimester abortions?

- ❑ Almost no one except the most dedicated providers do them.
- ❑ The women who need them are often the most vulnerable.
- ❑ They are currently the subject of anti-abortion attacks that seek to stigmatise them and separate them from first trimester abortions as being more “wrong”.  
(Britain, Spain, Netherlands, Russia, USA)

# How many women have them?

## □ Britain 2007\*

- 13-19 weeks (17,430) 8.8%
- >20 weeks (2,927) 1.5%

## □ Netherlands 2006\*

- >12 weeks (4,508) 6.6%

## □ South Africa 1997–2007

- >12 weeks 33% +
- now 20%

*\*Includes women from abroad.*

(Ingham et al, Loeber & Wijsen, Barometer 2008)

# Reasons: Britain

## □ Five stages of delay:

- suspecting pregnancy (21-79 days),
- confirming pregnancy (2-24 days),
- deciding on abortion (0-21 days),
- seeking abortion (0-7 days),
- obtaining abortion (7-21 days).

## □ Factors – using contraception, bleeding continuing, changes in personal circumstances, fear of reaction of others, denial.

(Ingham et al 2008)

# Reasons: Netherlands

- Relationship problems (no partner, partner left, partner aggressive), young age (pregnancy too early), inability to recognise pregnancy, ambivalence towards the pregnancy, having to travel to the Netherlands for abortion and to a lesser extent being an immigrant from certain countries.
- Early medical abortion does not appear to have an influence on the number of second trimester abortions in the Netherlands.

(Loeber & Wijsen 2008)

# Fetal anomalies

- ❑ Wanted pregnancies.
- ❑ Screening is or is becoming universal for all pregnancies, not just women over 35.
- ❑ More anomalies detected.
- ❑ Potentially more second trimester abortions.
- ❑ Anti-abortionists also attacking these abortions as anti-disability rights and seeking to separate serious and what they consider not-so-serious anomalies.

# Service-related delays

- ❑ Problem finding a doctor.
- ❑ Doctor refuses to provide or refer.
- ❑ Waiting list.
- ❑ Difficulty finding the money.
- ❑ Having to travel to another country in Europe.

Eliminating these delays would make some abortions earlier.

Women-related delays more difficult to address – require education and support.

# Abortion “tourism”

- ❑ Europe is not a community or a union when it comes to abortion law, especially as regards second trimester abortion.
- ❑ Differences in the laws create problems for women *and* providers, especially after 20 weeks of pregnancy.
- ❑ Internet purchase of medical abortion pills not recommended for second trimester.

# Abortion “tourism”

- ❑ All women travel.
- ❑ Women over 12-14 weeks travel.
- ❑ Women over 18-20 weeks travel.
- ❑ Women over 24 weeks travel.

# Consequences of abortion tourism

- ❑ Second trimester abortions are not a public health problem, at least in western Europe (Russia), in spite of their illegality, because women travel to other countries for them.
- ❑ The problems for women engendered by legal restrictions on second trimester abortion are in large part hidden by abortion “tourism”.

# Russia: what are women doing?

- Many second trimester abortions are unsafe in spite of a liberal law until 2003. A 1999 study found that only 6.6% of abortions took place at 13–27 weeks, but 76% of abortion-related deaths were associated with these abortions, inside + outside medical institutions.
- Improving access, preventing delays and better treatment of complications were the key recommended strategies. Instead, in 2003, Russia restricted the legal grounds for abortions at 13–22 weeks from 12 to 4.

(Zhirova et al, 2004; CRR 2007)

# Travelling from and to...

- ❑ Women currently travel from:  
Ireland, Northern Ireland, Portugal,  
Luxemburg, Belgium, France, Germany,  
Italy, Poland, Malta, Andorra, Monaco and  
even Britain
- ❑ Women currently travel to:  
Spain, Netherlands, Britain

# Where Polish women are going

- ❑ Clandestine providers at home.
- ❑ Germany, Czech Republic, Austria, Netherlands
- ❑ Probably also other Eastern European countries (Ukraine, Belarus, Lithuania) but mainly those who live close by and have connections there.

(Wanda Nowicka)

# All-European hypocrisy

- ❑ In most European countries, the state recognises that it has a duty of care to keep abortions legal and safe.
- ❑ Remaining countries and those with restrictions in the second trimester count on others to take care of their “problem” for them. However, these are not cross-country agreements, but a result of the renegeing of responsibility. Sweden’s recent decision to allow women to come there for abortions is an exception.
- ❑ Continuing stigma in second trimester = at risk legally, open to anti-abortion attack.

# Right to travel protected

- Harmonisation of EC law – suggestions rejected in previous decades.
- Two European court rulings in Irish cases:
  - Grogan – right to travel to obtain a legal (medical) service. (Euro Court of Justice, 1989)
  - Open Door Counselling/Dublin Well Woman – right to freedom of information. (Euro Court of Human Rights, 1992)

(Fletcher, RHM 2000)

# The most vulnerable abortions

- “Although abortion after 24 weeks should be necessary only on the rare occasions when a fetal abnormality has not been discovered earlier in pregnancy, it should be regarded as ethical regardless of its timing.” (David Paintin, BJOG 1997) British law has been in line with this view since 1990.
- Only Britain and Spain allow abortions after 24 weeks, but there are British women who have to go to Spain.

# History of travelling since 1950s

- ❑ Women travelling from one European country to another for abortion has been going on since eastern European countries followed the Soviet Union in legalising abortion in the 1950s.
- ❑ At that time, western European women went to Poland and Yugoslavia for abortions.

# History... continued

- In 1975, about 90% of the 100,000 abortions performed in Dutch clinics were women from abroad, mostly West Germans.  
*(Evert Ketting, personal communication, July 2008)*
- At least 130,500 Irish women have travelled to England and Wales to date to have abortions since 1968.  
*(DoH 2006/2008)*
- In 1976, 30,000 Spanish women were travelling annually to Britain for safe abortions.  
*(El País, 1976)*

# History... continued

- Most European countries have made abortion legal and accessible in the first trimester.
- The number of women travelling to Britain declined from 56,591 in 1973 to 9,833 in 2000.
- The number travelling to the Netherlands also decreased, from 10,000 in 1990 to about 4,000 in 2004. (Gevers S, 2006)
- We need to know what proportion of women who are currently travelling are doing so for second trimester procedures.

# Recommendations

- In-depth, country-based studies on 2nd trimester abortions – reasons, women, gestation, provider, method, delays.
- Inter-country travel – reasons, who, from/to where, gestation, provider involvement at both ends, cost, delays.
- Referral agreements – all-European?
- Network for second trimester providers to help reduce isolation, and foster solidarity.

# Proposal to FIAPAC

- ❑ With these data, organise an all-European meeting of representatives from Health Departments, national policymakers, abortion rights advocates and service providers to discuss abortion tourism and develop viable proposals on what to do about it, with a view if possible to relegating the need for it to history, even if harmonisation of Europe's abortion laws is not possible or indeed desirable.

# RHM publication

**Second trimester abortion:  
public policy and women's health**

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