

Experience of (home-based) medical abortion in family planning centres

A right, a choice, a liberty for women!



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No conflict of interest declared

1. Law change

- Since 2004, medical abortion before 7 weeks has been legal outside of hospitals only by gynecologists and general practitioners, but not in health centres.
- Since 2005, our organization has provided home-medical abortions in two of our family planning centres, but on a trial basis
- In 2009, medical abortion also became legal in family planning centres

Why we wanted to set up medical abortion in our centres

- Because abortion is not only a medical act but a right for women.
- Providing specialized counselling and willingly engaged doctors is essential (the attitudes can have a significant impact on women).
- Home-based medical abortion provides women with an alternative choice
- Health care proximity
- Our organization claims the facilitation of access to the abortion process for women and for women's empowerment
- This method of home-based medical abortion is safe and effective, with few risks

Struggle of our organisation for women's rights:

- We have worked with other feminist partners to build a case for government.
- We have campaigned through newspapers, radio programs and street meetings for closed hospitals to be re-opened.
- Women must be able to get an abortion with their doctor or in family planning centres.

Our centres report specific difficulties

- Some regional or departmental health authorities prefer that medical abortion is provided only in hospitals.

Others support women and provide medical abortion either free of charge or women need only pay a reduced rate set by the family planning centre (third-part payment system)

- It may be also difficult sometimes to work with some referral hospitals because we depend on their requirements and willingness to set up medical abortion in our centres.
- Few doctors choose to provide abortions because of poor financial remuneration or risks of stigmatisation or for ethical reasons.

Outcomes

- Home-based medical abortion can reduce the number of hospital visits required and therefore facilitate the medical abortion process.
- It's a first step towards women's empowerment, towards taking charge of themselves of their own body and their life.
- We fight for actively listening to women's needs.
- Women should have the choice of the method, the care centre as well as the choice of an individual or collective group interview, without time constraints and at any time during pregnancy.

2. Group counselling sessions and procedures in Planning Familial

- Procedure by collective information:

- Assessment of the request and information about the different abortion options are given by counsellors during a counselling interview

- Women integrate a group information session, given by one or two counsellors. Doctors and women coming for their follow-up visit can also take part in the group session.

- Myfegine tablets are given by the doctor in an individual consultation

- Counsellors provide the Misoprostol tablets. Women will take the tablets orally 48 hours later at home (or in Planning Familial if they want).

- A follow-up visit will take place 2-3 weeks after taking of Misoprostol.

Group briefing as popular education material

- Women are free to speak or not.
- It is important for us to give medical and practical information about the procedure,
- To ensure confidentiality,
- To speak about women's guilt, to de-stigmatize.
- This time is also an opportunity for women to share information on other topics, for example political issues (women's rights and women's struggles, abortion right, feminism, sexuality...)
- In the line with our global approach to sexuality, women can get contraceptive counselling, sexually transmitted infections counselling...

Women's testimonies about group information and about home-based medical abortion in Planning Familial:

- Women find it is an opportunity to share and exchange in a friendly atmosphere, despite their initial sceptical view sometimes.
- A reassuring comforting and supporting environment
- Non-judging and caring professional attitudes
- They appreciate having a facilitated access and a global care process
- Appreciation of the privacy and comfort of being at home whether accompanied by a support person or not.
- Most women state that bleeding and pain were as, or not as bad as expected.