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Abortion in Canada

Lessons learned and opportunities for
expanding access to care

Angel M. Foster, DPhil, MD, AM

She/her/hers/anything respectful

Professor, Faculty of Health Sciences

2011-2016 Endowed Chair in Women's Health Research

University of Ottawa

angel.foster@uottawa.ca

Outline for today

- Brief history of abortion in Canada
- Abortion in Canada today
 - ▣ Legal status
 - ▣ Prevalence and service delivery
 - ▣ The role of medication abortion
- Key learnings from the journey of abortion in Canada



A brief history of abortion in Canada

1869

Abortion is
made
illegal



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A brief history of abortion in Canada

1869

Abortion is
made
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1969

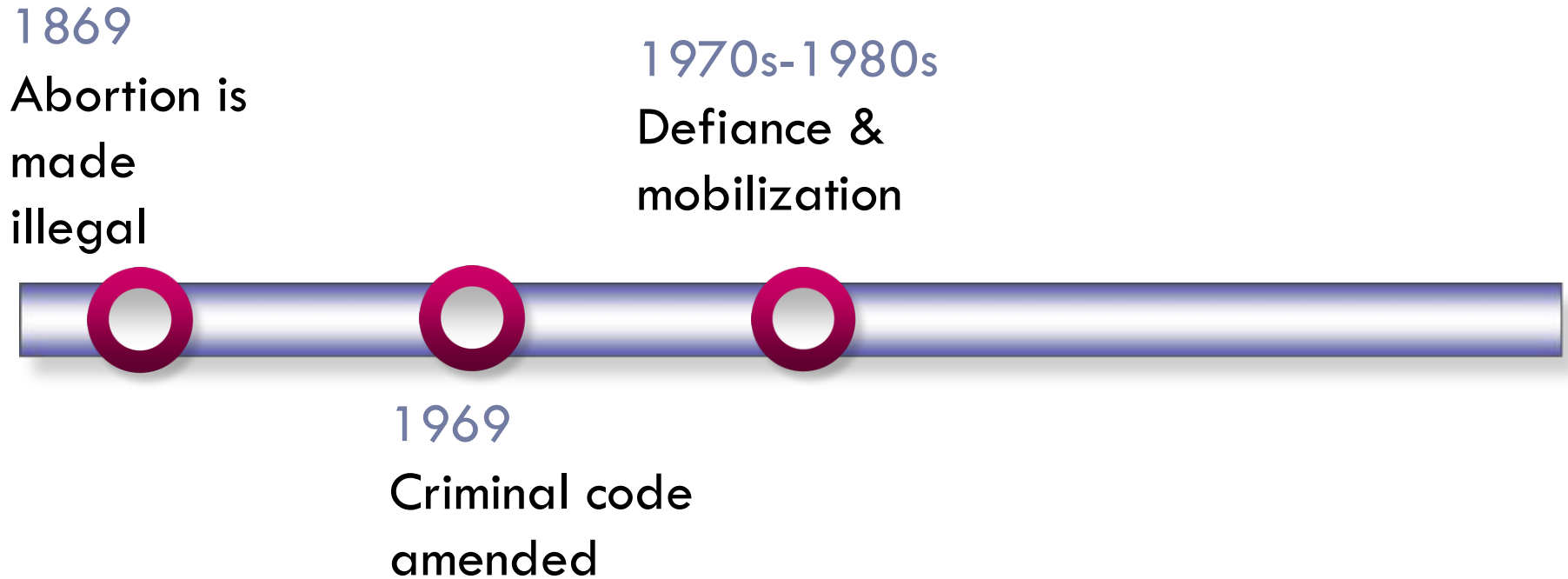
Criminal code
amended



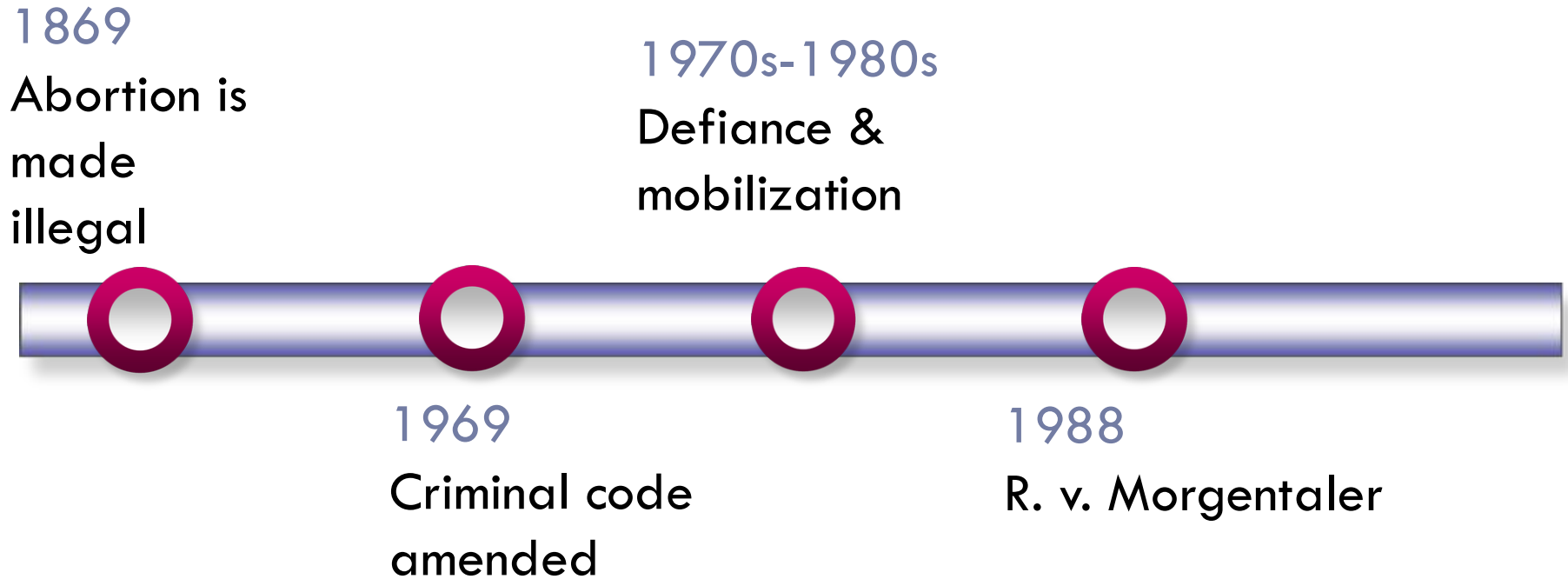
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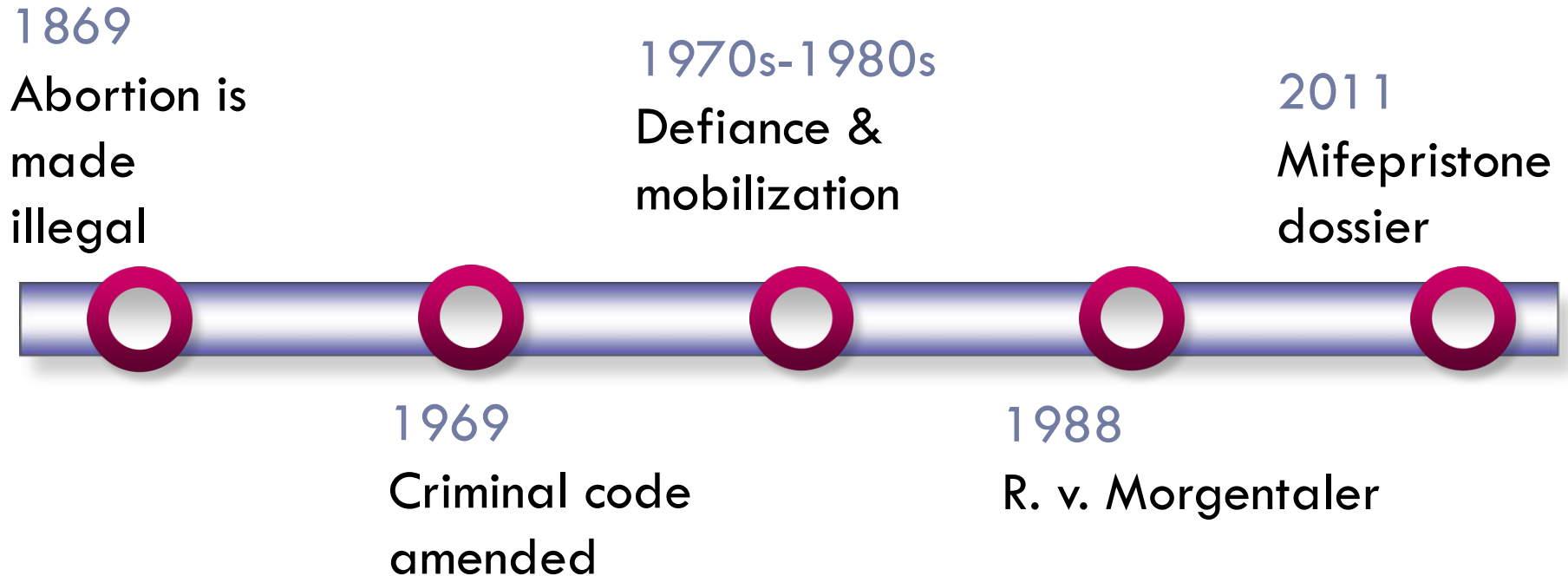
A brief history of abortion in Canada



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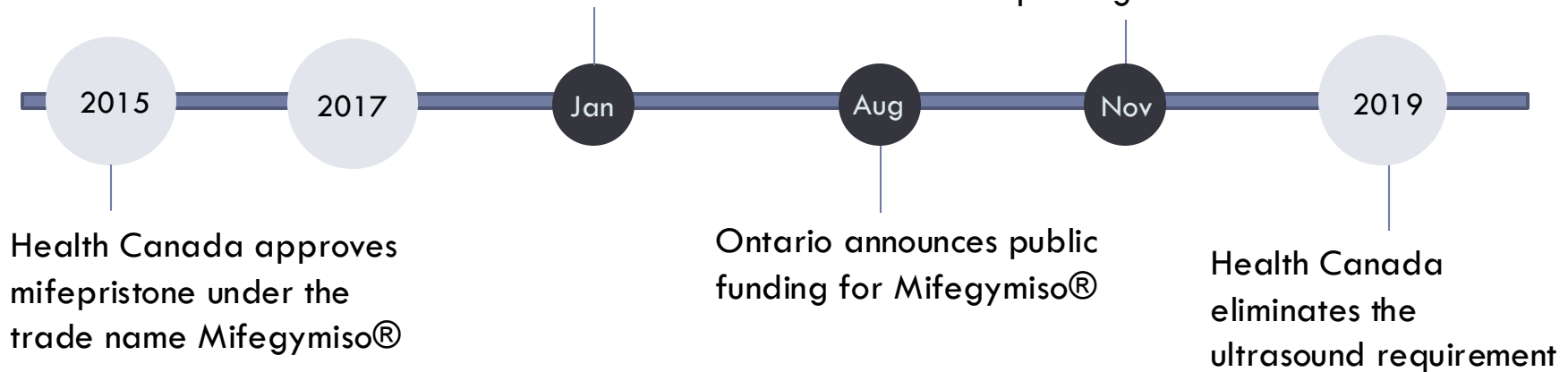


Mifepristone's journey in Canada



Mifegymiso® available in Canada

Health Canada modifies the product monograph extending the gestational age limit and allowing pharmacy dispensing



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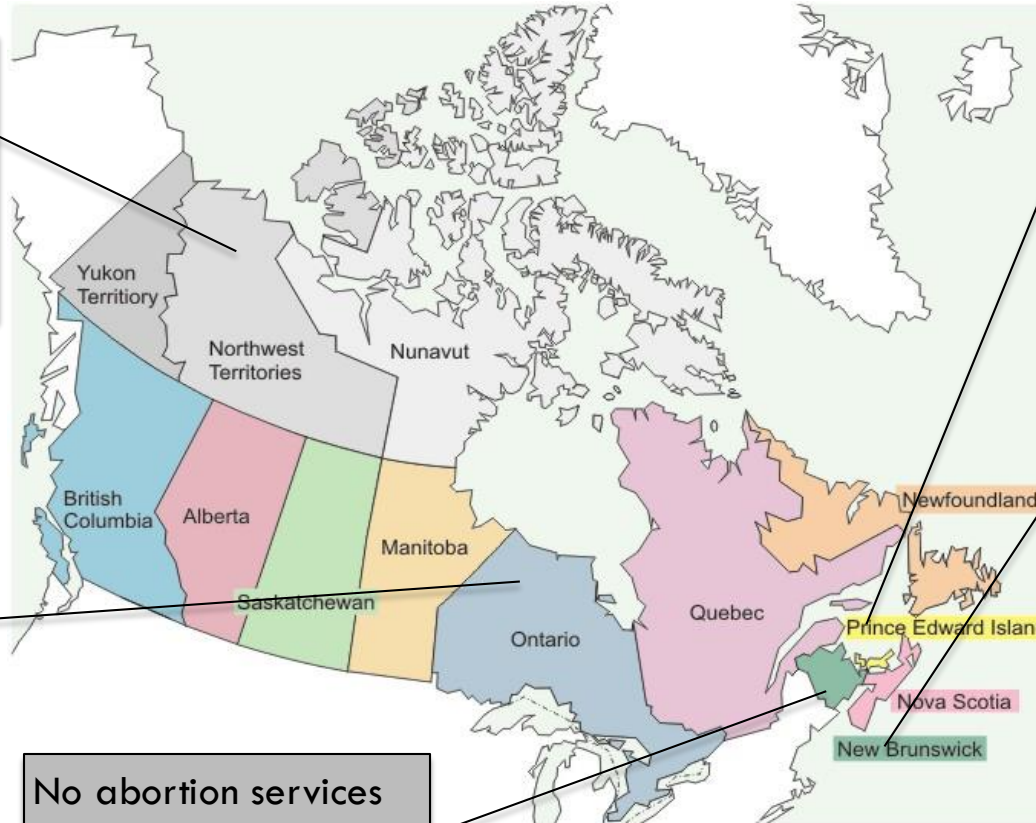
Abortion in Canada today



- Abortion does not live in the criminal code
 - ▣ No gestational age restrictions
 - ▣ No bans or requirements with respect to reason
- Abortion is considered a medically necessary service
 - ▣ Instrumentation and medication abortion are covered by provincial, territorial, and federal insurance schemes
 - ▣ Adolescents are able to obtain abortion care without parental involvement (with some exceptions)
 - ▣ No partner or spousal notification or consent is required
- Abortion is regulated at the provincial, institutional, and professional college/association levels



Location, location, location



In 2017, on-island services offered for the first time in 35 years

Clinic-based instrumentation abortions not covered by provincial insurance

No abortion services offered in the Maritimes after 16 weeks

No clinic services are available in the territories: All in-territory abortions are performed in hospitals

Women in rural areas may have to go to five consultations to have an abortion at a facility

Abortion by the numbers



- One in three Canadian women will have an abortion over the course of their reproductive lives
- 100,000+ abortions performed each year
 - ▣ Free-standing clinics, hospitals, primary care clinicians
- 90% of abortions in the first trimester
 - ▣ About 40% of all abortions are with mifepristone/misoprostol
- Less than 1% of abortions take place after 20 weeks from the first day of the last menstrual period (LMP)
 - ▣ Almost all of the 100 abortions each year after 24 weeks take place in the US



Other challenges

- Abortion surveillance
- Training the next generation of providers
- Belief-based denial of care (conscientious objection)
- Protests, protective zones, and legal challenges
- The United States



Some key learnings from the abortion journey in Canada

- Decriminalization provides a different abortion framework but is not a panacea
 - ▣ Policies, regulations, health system structures, and broader systems of oppression create barriers to access
- Abortion can be fully integrated into a health system and normalized as a medically necessary service
 - ▣ Inequities in the health system can then impact abortion care
- Medication abortion care be provided safely and effectively through a variety of service delivery systems
 - ▣ Non-evidence-based regulations limit the potential of medication abortion to address considerable access barriers
- Abortion care after 20 weeks is critical
 - ▣ Continued attention and advocacy is required to ensure equitable access



Questions & discussion

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