# Care for Women Seeking Legal Abortion Services after 13 Weeks Gestation:

Opinions, Practices, and Areas for Improvement

Argentina, 2017


## LEGAL AND EPIDEMIOLOGIC FRAMEWORK

In Argentina, since the approval of the Penal Code in 1922, abortion has been legal under three indications: danger to life, danger to health, and in the case of a pregnancy due to rape. The legal framework for these indications does not establish gestational age limits. The "Protocol for Comprehensive Care of Persons with the Right to Legal Abortion," published by the Argentine Ministry of Health, details the care process for women and girls seeking legal abortion services.

Worldwide, the majority of serious complications related to abortion occur after 13 weeks gestation.[1] Although the risk of complications is low in the context of services provided by trained providers, abortion after 13 weeks gestation continues to present a greater number of serious adverse events compared to abortions performed in the first trimester of pregnancy. In Argentina, there is a general lack of clarity regarding the legality of abortion after 13 weeks gestation, which is exacerbated by low levels of awareness among health professionals regarding the importance of abortion care for women's health and inadequate training regarding this important aspect of abortion care.

Taking this situation into consideration, Ipas and the Center for Studies of State and Society (CEDES)[2] conducted a study to better understand the institutional and professional conditions that influence abortion care after 13 weeks gestation and identify potential interventions to strengthen, expand, and support this important care for the life and health of Argentine women and girls.

## METHODOLOGY

An in-depth interview guide was implemented with 14 health professionals from July-August 2017. The majority of those interviewed were gynecologists. Participants' ages ranged from 30 to 63 years, and they reported having from two to 30 years of experience working as Ob/Gyn professionals. Interview questions asked about the current status of abortion care after 13 weeks gestation at each professional's health facility, and about access and barriers to care for women seeking abortion services at this stage of pregnancy. Additionally, questions were asked about health care personnel's opinions and attitudes regarding care for women seeking abortion services after 13 weeks gestation.

## RESULTS

*Health care services for women seeking abortion care before and after 13 weeks gestation share the following characteristics and realities:*

1. Respondents discussed a lack of professional training on abortion care during their medical studies. Only providers with less than six years working as healthcare professionals mentioned having been trained in this key aspect of women's health care during their residency program. Among those who did access training, this seemed to be linked to a holistic approach to health and rights within formal training for general practitioners. On the other hand, some providers mentioned the negative impact their residency had on the care they provided to women they suspected of having induced an abortion.

[1] Dragoman, et al. Overview of abortion cases with severe maternal outcomes in the WHO Multicountry Survey on Maternal and Newborn Health: a descriptive analysis. (2014). British Journal of Obstetrics and Gynaecology. 121 Suppl 1, 25-31.

[2] We invite you to visit www.ipas.org and www.cedes.org to learn more about these organizations.

"We [healthcare personnel] would report each patient to the police who arrived and said that she had done something to cause her abortion. We had the interns harass the patient until she admitted what she had done. 'You didn't put anything [in there]? You didn't do anything to yourself? You didn't cause [the abortion]?' We were coming at it with all that training, and it was a bit hard for us to get away from that."

Respondents agree that the skills they have acquired in terms of abortion care mostly resulted from a personal interest and due to the greater visibility of legal abortion in Argentina. Several of them believe that this visibility on the subject comes from the work of women's organizations, from cases of legal abortion that were widely discussed in the media, or from a demand from women themselves, both for information on misoprostol and for access to legal abortions.

2. Providers reported that the path women took to access abortion care for pregnancies after 13 weeks gestation is similar to that followed by women with earlier pregnancies. Women arrived for services via formal channels (sexual and reproductive health programs) and informal channels (networks of social and professional organizations, and the information circulating among patients).

3. Respondents also mentioned that there are specific days devoted to caring for patients that require legal abortion, regardless of gestational age.

4. All providers mentioned that postabortion contraception is an integral part of care for women undergoing abortion, regardless of gestational age.

## SPECIFIC ASPECTS OF ABORTION CARE AFTER 13 WEEKS GESTATION

### *Institutional Support*

Respondents mentioned the importance of having institutional support to be able to confidently provide abortion services after 13 weeks gestation. They reported three main perspectives on abortion care after 13 weeks gestation within healthcare facilities: i) hospital management that actively supports this service (more common); ii) hospital management that does not support this service openly, but allows health professionals to provide care; and iii) hospital management that does not support the provision of these services and actively obstructs access for women and pregnant people.

### *Delays in Abortion Care after 13 Weeks Gestation and Patient Mistreatment*

Unlike abortion services in the first 12 weeks of pregnancy, which generally occur in outpatient settings or at home, abortions after 13 weeks gestation typically require hospitalization. Providers expressed that this reality extends the abortion care process. Legal abortion in the first trimester of pregnancy can last from one to three days, while the care process for women seeking abortion after 13 weeks gestation can last from one day to more than one week. Professionals described the difficulties they experience when searching for rooms located far from the maternity ward in order to admit these patients, as many facilities do not have designated abortion care spaces. This situation is linked to the lack of support from institutional authorities, who do not see such spaces as a priority within the facility:

"[…] there is a condition: this [their condition] is related to maternal health, so we tell the women that they are going to be admitted in the maternity ward. They will probably hear cries or screams from the women who are giving birth... And afterward, if they have to remain in the hospital, we try to arrange a bed for them in some other area of the hospital, but this is not always possible."

According to the professionals interviewed, mistreatment of patients is linked to the fact that many professionals refuse to support abortion care and, in particular, abortion care after 13 weeks gestation. This means that the few providers willing to care for women seeking abortion during later stages of pregnancy are forced to rely on diverse strategies to ensure adequate care for their patients. As a result, patient care is often delayed to ensure that patients receive care during a hospital shift where there are health professionals present who will care for her in a respectful manner:

"The woman arrived, and no one attended to her. Everyone looked at her as if she were the worst. They didn't perform the routine tests—they didn't even give her a glass of water. The woman went to the bathroom on her own because they wouldn't even give her a bedpan. The doctor sat next to her and everybody walked by looking to see who the doctor was, who the patient was… Yesterday, they put her in a room that didn't have doors, and she was visible to the whole ward…"

## *Clinical Techniques*

Many providers discussed the use of misoprostol for abortion after 13 weeks gestation and, when possible, the use of mifepristone. The World Health Organization (WHO) recommends both medications for safe abortion. Some providers reported a lack of knowledge about the use of medication for abortion after 13 weeks gestation, including how to determine the correct dosage:

> "But they have no idea, and they mix it with oxytocin, which you shouldn't do… they often end up doing extractions [of the products of conception] without proper preparations."

Providers also mentioned different levels of familiarity with inducing fetal demise. Most admit to knowing about the technique, but they are not trained in it. Despite recognizing that it might be necessary in some cases, they express that neither they nor their teams would be willing to perform it. They mention their preference for "removing the fetus through labor."

## *Application of Legal Indications for Induced Abortion*

When it comes to women seeking legal abortion care after 13 weeks gestation, respondents mentioned applying more stringent criteria when determining whether a request for abortion meets the requirements for legal indications in Argentina. In particular, they mentioned experiencing difficulties with the application of the health indication during later gestational ages. This lack of clarity can significantly delay the care process:

> "…. If it's a malformed [product], or the woman's life is at risk, or it's due to rape, in those cases we don't question it. But there are other situations in which we're not sure; we evaluate it, we talk to each other, and we make the decisions, but it's a bit more difficult for us."

## *Gestational Age Limits*

Many providers mentioned 20 weeks or 500 grams of fetal weight as the limit for legal abortion. However, several mentioned a lack of official guidelines on the matter, which allows some practitioners to establish more stringent criteria than others.

The discomfort and awkwardness regarding fetal viability was a shared concern among the professionals interviewed. Several respondents indicated that the gestational age limit established at their facility is aimed at caring for their teams and being able to continue providing the service:

> "Our limit, which is in the second trimester, is 20 weeks, and I'll tell you why… It's like that saying, 'care for those who take care of others.' It's the best way to take care of the team and not expose them to a burnout that would only end up limiting our possibilities of continuing to provide the service."

## *Gaps in Public Policy*

Providers expressed a lack of clear guidelines and expectations for the regions or institutions that are responsible for providing abortion services after 13 weeks gestation. They also mentioned uncertainty and concern about the official position of their institution on legal abortion, especially in view of sudden changes in regional and national leadership, which is responsible for establishing public policies related to legal abortion:

> "So far, we haven't had any problems with the medication, but the hospital's administration just changed, so we don't know what will happen. It's been like that for a while. The teams are experiencing a lot of uncertainty, but are trying to keep each other united and not fall apart. That's our reality."

## *Barriers and Facilitators: Abortion Services after 13 Weeks Gestation*

We asked providers to explain the factors that they consider hinder or facilitate the provision of abortion services after 13 weeks gestation, both for providers and for the women who require this care.

| | PROVIDERS | WOMEN |
|---|---|---|
| BARRIERS | ❖ **Stigma and loneliness due to prejudice from colleagues:**<br>"Sometimes they're difficult situations, and especially with your co-workers [...] there is a lot of resistance and feelings of being judged by others [...] you're known as 'the abortionist.' "] | ❖ Public policies |
| | ❖ Little clarity, support, and sustainability of public policies | ❖ Legal framework and its ambiguity |
| | ❖ Lack of support at an institutional level | ❖ Lack of regulation regarding the use of conscientious objection, which allows for its abuse by some providers |
| | ❖ Lack of training in medical programs regarding abortion care | ❖ [Lack of] access to information or lack of clarity on laws regulating abortion: many women do not know that there are indications which permit legal abortion |
| | ❖ Difficulties with being able to rely on a committed team [of medical providers] | ❖ **Misinformation:**<br>"When they arrive at a health facility, and ask for information, women… meet a lot of people who give them incorrect information, who don't give them information at all, or who block access [to abortion]." |
| | ❖ Work overload that can also produce emotional overload<br>"We have 30,000 other obligations and tasks, which complicates the work more. I'll be honest, we do it with enthusiasm; we do it with commitment; but it does get difficult." | ❖ Mistreatment and judgment from health professionals, including throwing women out of the health facility |
| | ❖ Problems with team members working in neonatal care who impede legal abortion at later gestational ages (more than 18 weeks gestation) | ❖ Geographic access |
| | ❖ Questions about fetal viability and emotions linked to the impact caused by "theproduct" | ❖ The fear of doing something wrong. Shame and fear of being judged, mistreated, or being reported |
| | ❖ Lack of access to Mifepristone | ❖ Ambivalence from women regarding whether or not to continue the pregnancy |
| FACILITATORS | ❖ Sustained public policies | ❖ Knowledge of their rights and access to information, especially through networks (informal networks that support women seeking abortion care) |
| | ❖ Explicit support from health facility authorities | |
| | ❖ Training and awareness-raising | ❖ Knowing about "friendly" places [health facilities] |
| | ❖ Legal abortion care teams established within the health facility to combat stigma and feelings of loneliness [among abortion providers] | |

## RECOMMENDATIONS

### 1 Train more health professionals in the management of abortion after 13 weeks gestation, starting at the early stages of their clinical training.

***In terms of the professions and specialties that should be prioritized for training, respondents mentioned gynecology residents, general practitioners and, with less frequency, nurses and professionals from other departments, as those who might be interested in strengthening their clinical skills***. For some providers, they feel it is essential to include emergency room staff in trainings on abortion care. In general, respondents believe that training should take a comprehensive approach to caring for women seeking abortion services (taking into account all health-related aspects, not just physical health) and should aim to increase the number of practitioners who are available and prepared to provide abortion services after 13 weeks gestation.

Respondents also mentioned medical abortion as a priority topic for training, as well as the need to establish spaces for raising awareness and reflecting on the realities of women in need of abortion after 13 weeks gestation. Due to the current rejection of dilation and evacuation (D&E) among health care professionals, it may be difficult to offer training on this technique. As such, training should focus on strengthening other techniques that ensure access to safe abortion after 13 weeks gestation (e.g., medical abortion).

### 2 Establish, strengthen, and support healthcare teams that provide abortion services after 13 weeks gestation, in addition to care centers for women requiring legal abortion services.

***Health professionals described the need to create and expand healthcare teams prepared to handle abortion after 13 weeks gestation with an interdisciplinary and comprehensive approach.*** Some professionals emphasized the importance of including general practitioners and the need for healthcare teams that train others on abortion care after 13 weeks gestation.

Many respondents proposed the creation of health centers and/or facilities that have dedicated teams for ensuring access to legal abortion. This proposal is suggested in response to the heavy workload among abortion providers and the harassment to which these professionals and the women they serve are sometimes subjected by other health facility staff.

### 3 Expand the legal framework for abortion and ensure that public policies support access to legal abortion.

Providers mentioned the need to revise the legal framework and establish a legal abortion care model based on gestational age. They also mentioned the need to increase the number of practitioners who ensure access to legal abortion and the number of trained clinicians who can provide legal abortions. Additionally, they reported a need to improve access to Mifepristone and facilitate coordinated efforts with professional associations and other healthcare sub-sectors.

### 4 Increase and ensure women's and girls' timely access to legal abortion in the first trimester, in order to reduce the number of patients seeking abortion care after 13 weeks gestation.

Abortion services after 13 weeks gestation will always be necessary, as there are diverse situations that make it impossible to completely prevent cases in which a woman or pregnant person requires this care. However, in settings where abortion services in the first trimester are accessible, evidence shows that a lower percentage of women seeking abortion care will need to seek abortion care at later gestational ages. Therefore, decisionmakers within the Argentine health system must expand the system's capacity to provide high-quality legal abortion care in a timely and effective manner.

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