

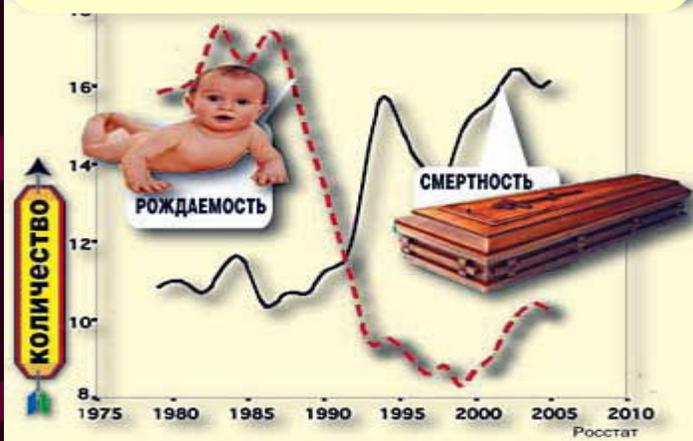
MEDICAL ABORTION RELATED RESTRICTIONS IN RUSSIA

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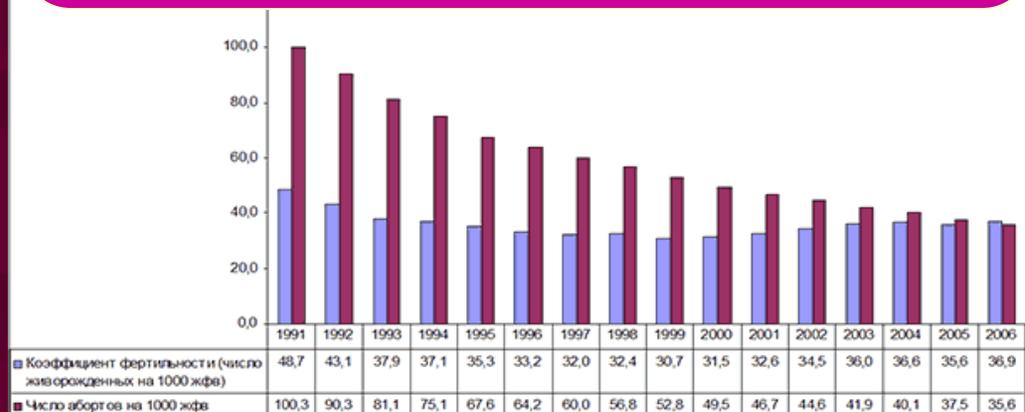
*September 10, 2009
Tbilisi, Georgia*

Demographic Profile of Russia

Pattern of births and deaths (per 1,000 people) in Russia



Comparison of the number of live births versus the combined number of abortions in Russia per 1,000 women of 15-49 years of age

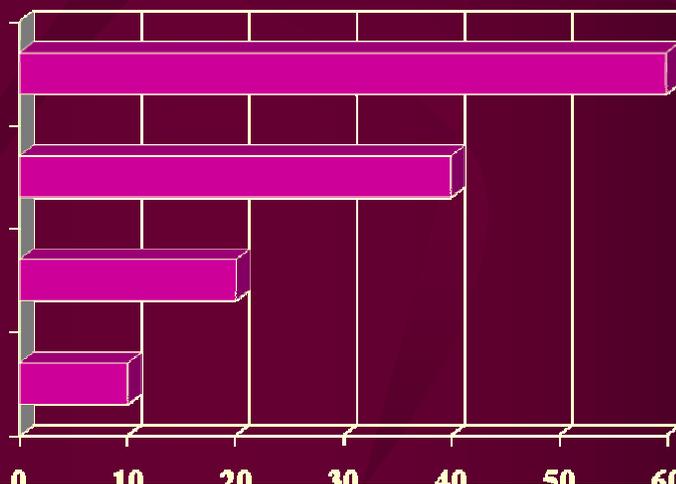


Romania, Bulgaria

Hungary, Russia

Sweden, Germany

Belgium



Is Abortion safe in Russia?

Early complications
15-20%

Late complications
40-52%

Two billion rubles per year are spent on the treatment of complications

Maternal mortality rate is 5.6 per 100,000 cases (2007)



O.V. Sharapova, N.G. Baklaenko, 2003;

V. Kulakov, O. Orlova, 2004;

Reference and informational materials

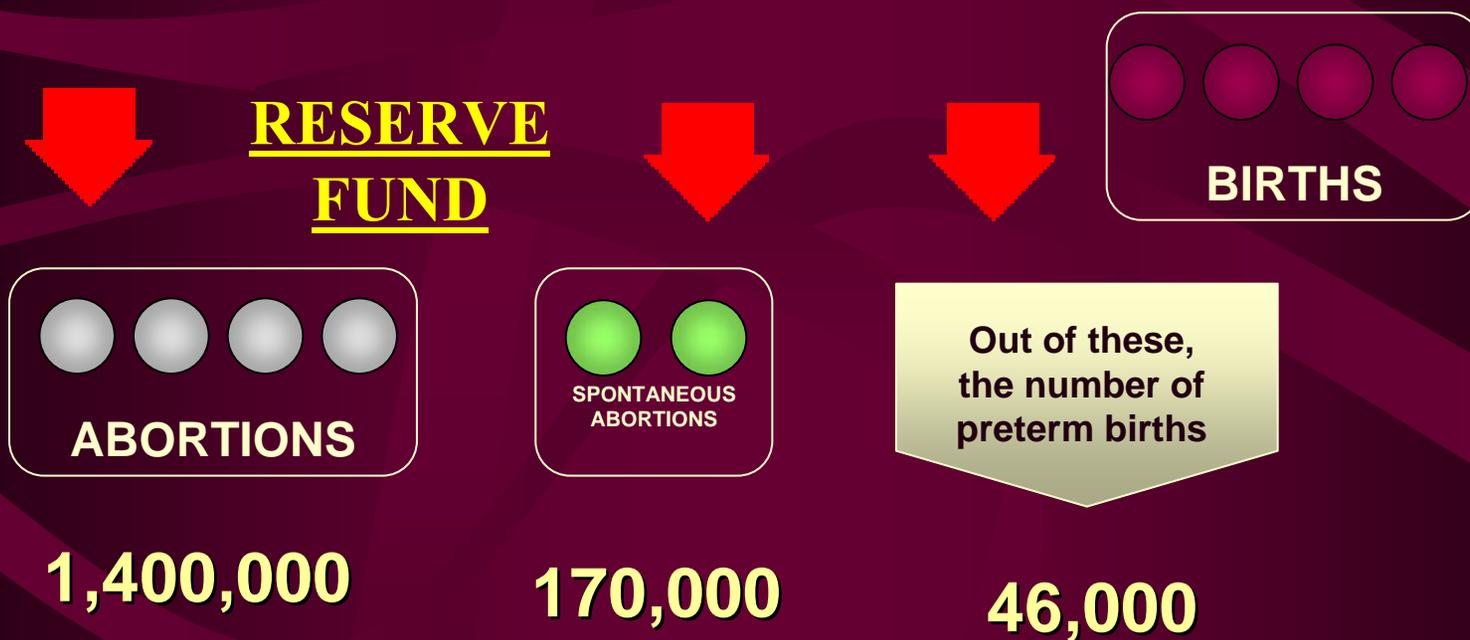
Russian Ministry of Health and Social Development, Moscow, 2008

Normative and Regulatory Foundation

- **Declaration of Human and Civil Rights and Liberties** (Russian Supreme Council, November, 1991)
- **Fundamental Principles of the Russian Federation's Legislation, "Protection of the Health of Citizens"** (December 24th, 1993)
- **Resolution of the Government of the Russian Federation, number 485, dated August 11th, 2003, "Social Indications for the Artificial Termination of Pregnancy"**
- **Decree of the Russian Ministry of Health and Social Development (MHSD), dated December 5th, 2007, number 736, "Medical Indications for the Artificial Termination of Pregnancy"**
- **Article 123 of the Russian Federation's Criminal Code** (dated 06.13.96), **"Illegal Abortion Procedures"**

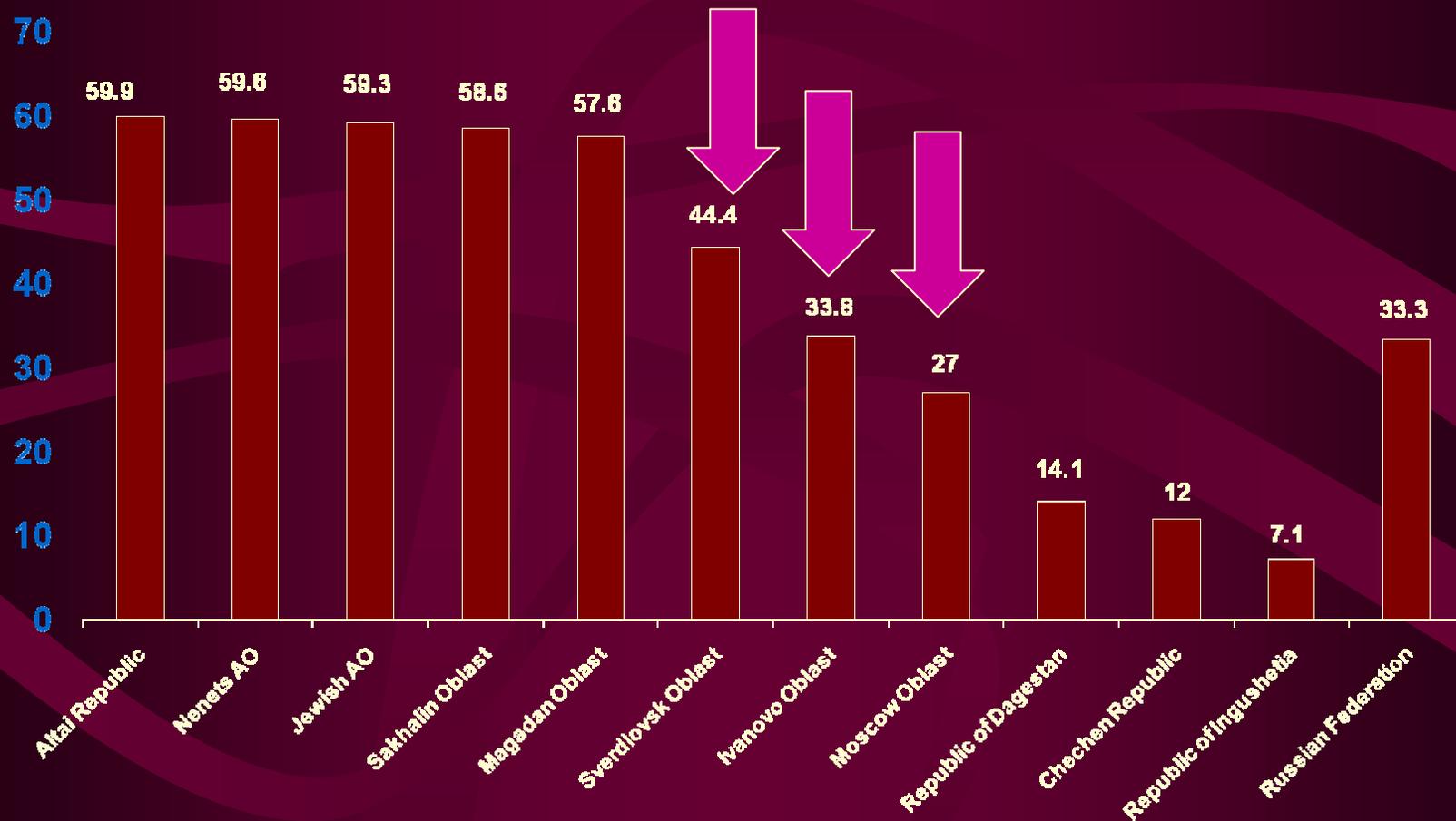
In Russia abortion is viewed as a reserve fund that could be tapped into to increase the birth rate

Reproductive losses



Research Materials

Data gathered in the course of the research project, “Strategic Method of Evaluation of the System of Medical Care for Women Undergoing Abortion” (April 2009), initiated by WHO and supported by the Russian MHS



Abortions in Russia's subject territories in 2007
(per 1,000 women of reproductive age)

Research Methods

Data-Gathering Methods:

- Individual and group interviews
- Exit interview after the abortion is completed or after contraception is discussed with the woman.
- Monitoring of the abortion procedure, post-abortion consultation, and other services provided by different levels of the healthcare system.
- Discussions with community representatives and service providers.

Interviewee

Categories:

- Policymakers in the field of reproductive health
- Program directors
- Abortion and contraception service providers in the public and private sectors
- Representatives from women's and youth groups, and NGO representatives
- Reproductive health specialists

Data analysis and reporting

DOCTORS' AWARENESS AND PERCEPTIONS

“There is no such thing as a safe abortion!”

- Safe abortion is associated with medical abortion
- Doctors are not familiar with medical abortion at an extended gestational age and with cervical priming methods
- Lack of ability to choose among methods of abortion and anesthesia
- Lack of staff training on safe abortion technologies



PATIENTS' AWARENESS AND PERCEPTIONS



The goal of the “consultation” is to convince the woman not to have an abortion

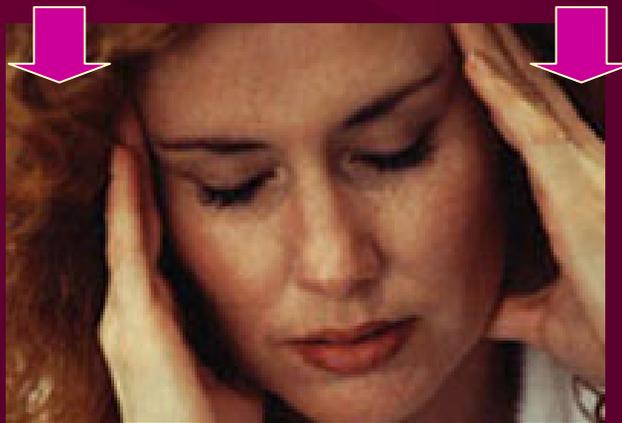
Lack of emotional support

Lack of knowledge of one’s sexual and reproductive rights

“Abortion is harmful to one’s health”

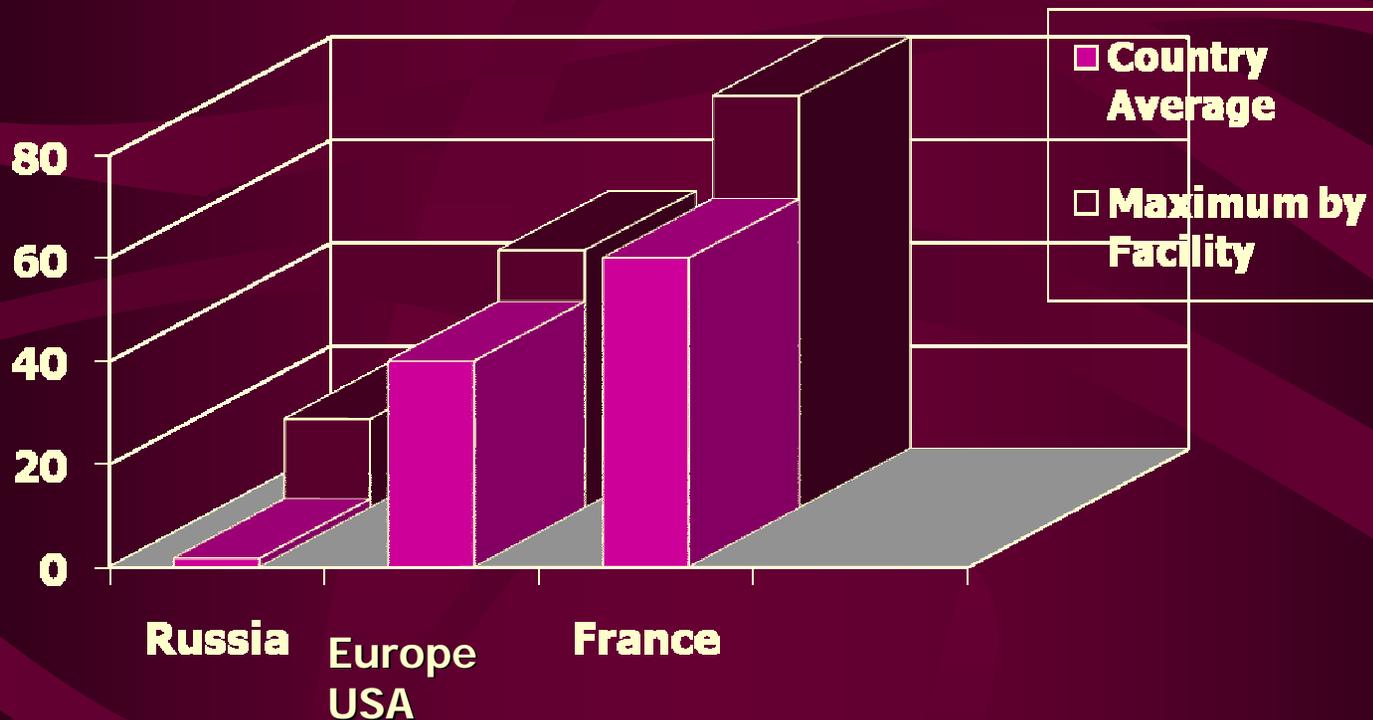
Have knowledge of surgical abortion; few know about medical abortion

Lack of ability to choose among methods of abortion and anesthesia



GESTATIONAL AGE LIMITATIONS (MA permitted for up to 42 days of amenorrhea)

Frequency of medical abortion procedures in Russia in
comparison with other countries



Letter of Russian MHSD of July 2nd, 2003, number 2510/7213-03-32
“Mifepristone in Obstetrics and Gynecology”

EXTENSION OF WAITING PERIODS

- Excessive examinations
- STD infection
- Residence remote from facility
- Parental consent (for teenagers)
- Court document confirming rape (legal judgment)



EXCESSIVE REGULATION OF CONDITIONS UNDER WHICH ABORTION IS PERFORMED

- Mandatory hospital/clinic stay
- Mandatory use of ultrasound
- A commission must allow abortion in the second trimester
- Excessive examinations
- Existence of an operating room
- Doctors must have a certificate that gives them the right to perform a medical abortion in their practice

COST

Official and unofficial payment:

- Lack of adherence to the law (in state-run facilities)
- Inflated costs (in private facilities)



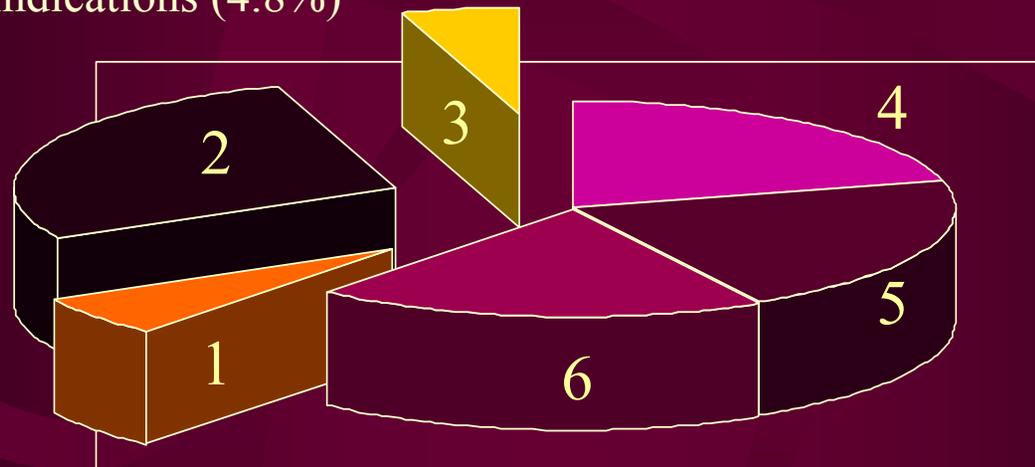
LIMITED ACCESSIBILITY

as one of the reasons for high mortality as a result of abortion complications

Abortions performed in a clinic for various indications:

- 1 —patient's wish (5.6%)
- 2 — medical indications (26.2%)
- 3 — social indications (4.8%)

31%



Abortions taking place outside of a clinic:

- 4 — criminal (19.6%)
- 5 — spontaneous (19.8%)
- 6 — not specified (18.2%)

69%

EXISTING LIMITATIONS ARE RELATED TO:

- **Lack of patient and doctor awareness**
- **Gestational age**



- **Underdeveloped normative and regulatory foundation for the use of medical abortion methods**
- **Lack of well trained service providers (Poor knowledge of consultation techniques; use of outdated methods.)**

Immediate Steps for Improving the Quality of Abortion Services

1.

Development of a strong normative and regulatory foundation

2.

Adoption of standards and protocols

3.

Training of specialists in safe abortion

4.

Provision of material and technical support to medical facilities



Thank You!