WONCA POLARIS NEWSLETTER

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PREGNANCY TERMINATION IN NORTH AMERICA

Polaris is the North American Young Doctors Movement of WONCA for Family Physicians, trainees, and medical students. We are here to connect you with the global family medicine community and WONCA!

With this newsletter, we are going to start delving into topical issues in medicine to bring you information from all parts of the Polaris region.

We hope you will find these newsletters pertinent to your practice and that they will give you opportunit to learn about your collegues' work across the region and the world.

We will be bringing you a space online and through our social media channels to comment and share thoughts on the topic with your colleagues. Find us online to request topics and learn more!

www.woncapolaris.com

CANADA

Legal terminations with variable access to care still create obstacles, especially in rural areas.

-written by Dr. Theresa Lee, GP Anesthetist in Iqaluit, NU

USA

US laws and regulations are confusing and ever changing. See page 3 for a brief overview of recent updates on Title X and consequences of the changes.

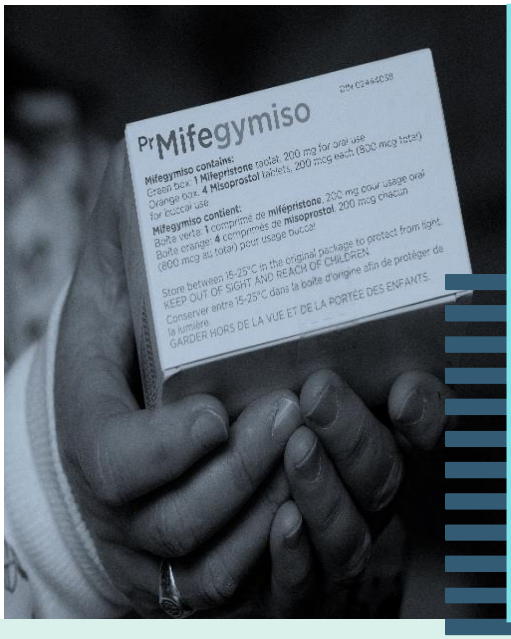
-written by Dr. Yvette Gross, Family Medicine and Obstetrics in Tacoma, WA

CARIBBEAN

With a large number of countries – many Territories of larger nations – come a variety of rules with a variety of levels of enforcement.

-written by Dr. Amber Wheatley, Family Medicine Resident from the British Virgin Islands

See the Guttmacher Institute webiste for global information about this topic!



CANADA:

Although legal since 1969, abortion services across Canada remain widely variable, particularly in the vast swathes of rural and remote regions. In 2015, citizens lauded Health Canada's approval of mifepristone for the medical termination of pregnancies up to nine weeks gestation. In 2017, Canada was one of the final developed countries to make it publicly available as one-half of a regimen called Mifegymiso, which includes misoprostol. In an attempt to further diminish barriers to access, Health Canada lifted the requirement to acquire a dating ultrasound prior to being prescribed Mifegymiso in 2019.

Presently, all provinces and territories provide fully-funded abortion services up to different gestational cutoffs, though some jurisdictions restrict access to specific clinics or hospitals predominantly located in urban centres. Despite remarkable recent developments, patients continue to encounter significant obstacles, from practitioners who are unfamiliar with meds, reluctant to prescribe or refer, to the lack of local product supply and insurmountable geographical or financial limitations to access.

In Inuit Nunangat

Dr. Lee's practice includes both medical and surgical pregnancy terminations up to 13 weeks. Patients in the Qikiqtaaluk region can travel up to 1500 km by plane to access abortion care, and up to an additional 2500 km at later gestations. While Mifegymiso offers the discretion of at-home termination, the process can be slow and especially daunting in the context of endemic housing insecurity, and of the distance to blood products or the nearest emergency surgical facility. Vacuum aspirations therefore persist as the preferred method.

"It is an honour to participate in the full spectrum of women's health as a GP-Anesthetist who also practices intrapartum obstetrics and abortion care. In doing so, I hope to help sustain the tradition of rural generalism according to the needs of the communities I serve."- Dr. Lee

RATES AND PERCENTAGES

Global and regional estimates of induced abortion, 1990–1994 and 2010–2014

World and region	Abortion rate*		% of all pregnancies ending in abortion
	1990–1994	2010–2014	2010–2014
World	**40**	**35†**	**25**
Developed countries	46	27†	27
Developing countries	39	36	24
Africa	33	34	15
Asia	41	36	27
Europe	52	29†	30
Latin America and the Caribbean	40	44	32
Northern America	25	17†	17
Oceania	20	19	16

*Abortions per 1,000 women aged 15–44. †Difference between 2010–2014 and 1990–1994 was statistically significant.

www.guttmacher.org

Countries and territories in Latin America and the Caribbean can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Countries and territories
Prohibited altogether (no explicit legal exception)	Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Suriname
To save life of woman	Antigua and Barbuda, Brazil (a), Chile (a,c), Dominica, Guatemala, Mexico (a,c,e), Panama (a,c,d), Paraguay, Venezuela
To save life of woman/ preserve physical health*	Argentina (a), Bahamas, Bolivia (a,b), Costa Rica, Ecuador, Grenada, Peru
To save life of woman/preserve physical or mental health	Colombia (a,b,c), Jamaica, St. Kitts and Nevis, St. Lucia (a,b), Trinidad and Tobago
To save life of woman/preserve physical or mental health/socio-economic reasons	Barbados (a,b,c,d), Belize (c), St. Vincent and Grenadines (a,b,c)
Without restriction as to reason	Cuba (d), Guyana, Puerto Rico, Uruguay (d)

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) incest or (c) fetal anomaly. Some countries restrict abortion by requiring (d) parental authorization. In Mexico, (e) the legality of abortion is determined at the state level, and the legal categorization listed here reflects the status for the majority of women. Countries that allow abortion without restriction as to reason have gestational age limits (generally the first trimester); for legal abortions in categories 2 through 5, gestational age limits differ by prescribed grounds.

THE CARIBBEAN REGION

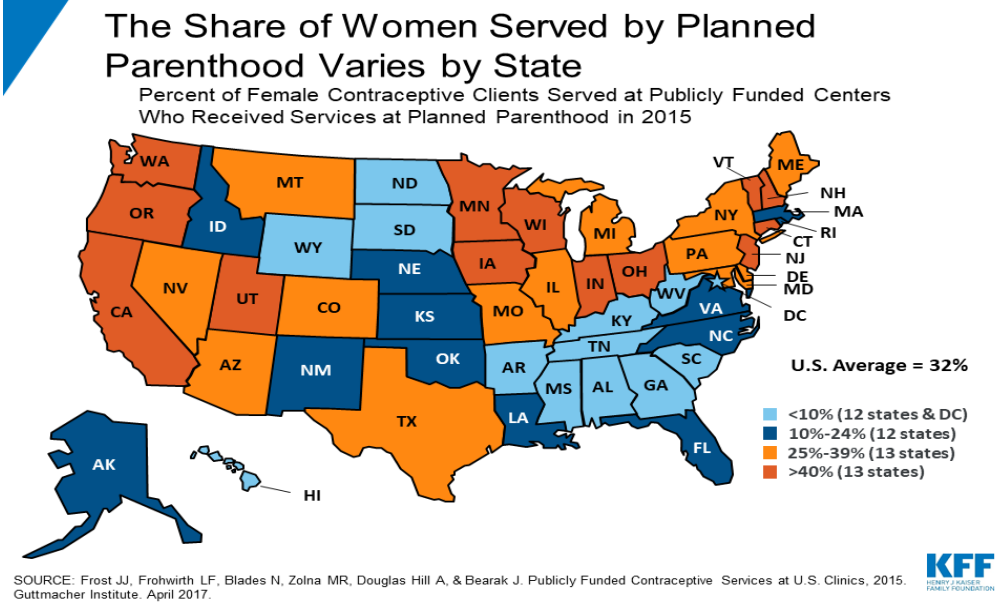
consists of a mixture of independent, current or former commonwealth countries and overseas territories, leading to variable laws. In most countries – regardless of the law – abortion is frequently available. At the same time, despite the noted risks of illegal abortions, governments are hesitant to change the law out of fear of public backlash. Additionally, variation exists between the laws in the Carribbean territories and their mainland counterparts. French overseas territories followed French law regardless of public opinion, while the British and Dutch overseas territories were given a choice, frequently differing from laws in their Mainland counterparts. Many countries have exceptions for rape, incest, and fetal abnormalities and restrictions for gestationsal age. Additionally, in many places the law differs from what is enforced on physicians and women.

UNITED STATES OF AMERICA:

Fifty years have passed since the Title X Family Planning Grant Program was enacted. Initially approved in 1970 with strong bipartisan support and signed into law by President Nixon, it is the only domestic federal grant program solely dedicated to funding access to comprehensive contraceptive and preventative care services such as wellness exams and cancer screenings.

In 2018, the Trump administration proposed measures that blocked federal funding from family planning providers and clinics that also offered abortion services and prevented counseling on abortion options and referrals to abortion providers, even if the patient requested these services. These regulations were finalized in March 2019 and allowed to go into effect despite ongoing litigation at multiple levels of the court system.

Figure 2



SOURCE: Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas Hill A, & Bearak J. Publicly Funded Contraceptive Services at U.S. Clinics, 2015. Guttmacher Institute. April 2017.

KFF HENRY J. KAISER FAMILY FOUNDATION

Title X "continues to require, that abortion not be provided as a method of family planning…a project must give pregnant women the opportunity to receive information and counseling on each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If the woman requests such information and counseling, the project must give 'neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information.'"

- Angela Napili, senior Congressional Research Service librarian paraphrasing in 2017from the Code of Federal Regulations 42 part 59.5 (part of Title X code)

These changes have created an ethical dilemma for providers in Title X funded clinics, preventing the provision of fully informed options counselling and care. Due to this, many clinics have been forced to chose between foregoing Title X funding and diminishing funding for all their services or adhering to strict regulations surrounding family planning in order to continue their other offerings. Those most likely to be affected will be low income patients who will lose access to comprehensive family planning services as well as wellness exams including cancer and STI screening.

UPCOMING EVENTS:

28 FEB -1 MAR

Caribbean College of Family Physicians (conference in Jamaica)
www.caribgp.org

18-19 MAY

AAFP Family Medicine Advocacy Summit
https://www.aafp.org/events/fmas.html

23-25 APRIL

AAFP National Conference of Constituency Leaders
https://www.aafp.org/events/aclf-nccl/nccl.html

30 JUL – AUG 1

AAFP National Conference
https://www.aafp.org/events/national-conference/about.html

THE CARIBBEAN COLLEGE OF FAMILY PHYSICIANS
COOPERATING FOR EXCELLENCE

National Conference of Constituency Leaders (NCCL)

AAFP family medicine ADVOCACY SUMMIT
May 18-19, 2020
Washington, DC

AAFP national conference
FAMILY MEDICINE RESIDENTS & MEDICAL STUDENTS
JULY 30–AUGUST 1, 2020
KC, MO