Abortion in Montevideo, Uruguay 18 Months After Decriminalization:
Evaluating Access, Acceptability and Implementation

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Abortion in Uruguay
- 2001-2012: Abortion harm reduction model (counseling & post-abortion care)
- October 2012: Abortion decriminalized (450 legal abortions monthly)
- Up to 12 weeks (14 for rape/incest, unrestricted for maternal life/health or serious fetal malformation)
- Medication abortion only (D&C only if medically necessary; no MVA)
- Abortions take place within National Health System (public & private)
- 4 visits with various health professionals: gynecologists, midwives, psychologist, social worker
- Only gynecologists can prescribe medication (3rd visit)
- About ⅓ of gynecologists nationally are conscientious objectors

Project Overview
- Meeting with key stakeholders in the medical community
- 11 semi-structured in-depth interviews with gynecologists to understand how religious, spiritual, and moral beliefs influence practices and attitudes
- 2 open-ended questionnaires with psychologists to understand how religious, spiritual, and moral beliefs influence attitudes
- 40 surveys with gynecologists to measure extent and type of training in managing induced and spontaneous abortion
- 106 surveys with abortion clients at Hospital Pereira Rossell to measure satisfaction with services
- 20 pre-abortion counseling and post-abortion care sessions at Hospital Pereira Rossell to contextualize satisfaction surveys

Findings
- Gynecologists are generally uncomfortable and conflicted about their roles as abortion providers
- Gynecologists who choose to perform abortions reference patient rights, patient autonomy, the elimination of risks and non-judgment
- Abortion patients are generally very satisfied with services overall, particularly with how they felt treated by the health professionals
- The greatest concerns for abortion patients were delays in the process, such as the mandatory 5-day waiting period and scheduling delays
- Of gynecologist respondents:
  .95% have been trained in induced abortion, primarily before 2012
  .83% have surgically managed incomplete miscarriage
  .85% have had patients seeking abortion who were over 12 weeks gestation

Recommendations
- Gynecologists’ attitudes towards abortion should be researched further
- Gynecologists should have an open and non-judgmental space to discuss their attitudes towards abortion (i.e. values clarification session, open discussion)
- Delays in the provision of abortion services should be addressed by policy makers and providers of abortion services
- Attention should be paid to respectful, non-judgmental behavior of healthcare professionals as a factor in client satisfaction
- Policymakers should consider feasibility of surgical methods for first-line treatment of abortion
- Extension of 12-week gestational limit should be considered
- Obstacles to accessing early abortion services should be evaluated and addressed

* Photo source: www.permaculturemarin.org