

Covid-19 : How the pandemic changed abortion access in Europe

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Abortion access has never been equal in Europe. The right to terminate an unwanted or unviable pregnancy varies from Malta, where the procedure is [illegal in all circumstances](#), to the Netherlands, which has some of the [most liberal laws](#) on the continent.



Protesters took to the streets in Poland to protest the country's crackdown on abortion access. [Silar](#), [CC BY-SA](#)

The arrival of the pandemic has only accentuated these differences. Faced with lockdowns, border closures and strained health services, the process of accessing proper care became even more complicated for people seeking abortions in 2020. How governments responded to this situation says a lot about their pre-existing stance on reproductive rights.

[Our research](#) reviewed changes in policies and protocols relating to abortion access in the EU and the UK. We identified that countries differed based on the extent of policy changes, and the extent of the difficulty in accessing abortion during the pandemic. While some governments were willing to act swiftly to make positive policy changes, others used the crisis as grounds to further restrict access to abortion.

Improving access

A number of countries facilitated abortion access during the first year of the pandemic. They introduced policy changes that included one or a combination of several measures : introducing telemedicine, facilitating early medical abortion by allowing home-use of abortion pills, extending the gestational limit for early medical abortion and eliminating mandatory visits or waiting periods.

The use of telemedicine improved access to health practitioners during lockdown, as well as reducing the risk of contracting Covid-19 for patients and providers alike. Several countries relied extensively on telemedicine to replace face-to-face visits. This was the case for [France](#), [England](#), [Wales](#), [Scotland](#), [Portugal](#), Germany and [Belgium](#).

In [Ireland](#) and [Germany](#), mandatory pre-abortion personal visits were replaced by remote consultations, while the same was done for post-abortion check-ups in Portugal.

Another way to improve access was to [facilitate early medical abortion at home](#). While pre-pandemic abortion regulations in France, England, Wales, Scotland and Ireland allowed home-use for the abortion pill misoprostol only, these countries took a step further during the pandemic and allowed [both pills](#) (mifepristone and misoprostol) to be used [at home](#), supervised by medical professionals through telemedicine.

Abortion medication was [made available by post](#) in England, Wales and Scotland, while in France it can now be acquired in pharmacies.

Gestational limits for early medical abortion were also extended in several countries. [Scotland](#) prolonged it from 10 weeks to 11 weeks and six days of gestation, while [France](#) extended access to early medical abortion at home from seven to nine weeks of pregnancy. [Italy](#) followed suit by also increasing the gestational limit from seven to nine weeks for early medical abortion, and eliminated mandatory hospitalisation for the procedure.

Restricting access

On the other end of the spectrum, several European countries took actions that severely disrupted abortion access or blocked it entirely during the pandemic. The governments of Poland and [Slovakia](#) initiated legislation changes aimed to restrict access, while in [Romania](#) and [Lithuania](#) the procedure was not declared as essential healthcare, allowing the possibility for hospitals to simply refuse interventions during the pandemic, which many of them did.

Poland has one of the [most restrictive abortion laws](#) in the EU. Along with Malta, it is one of the two EU member states where abortion on request or broad social grounds is not allowed. Prior to the pandemic, [abortion was legal](#) in cases of foetal abnormality, risk to the mother's health, and pregnancy resulting from rape or incest.

In the wake of the Covid-19 crisis, Polish parliament debated the "Stop Abortion" legislative proposal, attempting to restrict access to abortion care by eliminating foetal abnormality as legal grounds for the procedure. A huge public outcry came as a response to this initiative in the form of massive [online protests in April 2020](#), accusing the Polish government of taking advantage of the pandemic to pass this controversial bill.

On 22 October 2020, the Polish Constitutional Tribunal [confirmed](#) that abortions on the grounds of foetal abnormality are no longer considered constitutional - its ruling came into effect on [27 January](#)

[2021](#).

Keeping in mind that that abortions on these grounds represented [nearly 98%](#) of all procedures in Poland in 2017, this ruling almost completely blocks abortion access to women in the country. It triggered [protests](#) of more than 100,000 people in Warsaw.

Where do we go from here ?

Our analysis shows the many different ways governments responded to the need to provide abortions during a pandemic. But with Covid-19 far from over, and future pandemics impossible to rule out, it's important to think about how a government should respond when faced with this kind of health crisis.

We recommend several important measures that governments should pursue to ensure that abortion remains accessible during (and beyond) the pandemic.

First, categorising abortion as essential healthcare is crucial, given its time-sensitive nature. In many countries, healthcare services during the pandemic were limited to essential and urgent procedures. While some explicitly included abortions among these (France, England and Wales, Scotland, Ireland, Italy, Spain, Portugal), others failed to do so (Germany, Austria, Croatia, Romania), or even claimed that abortions are not essential procedures (Slovakia and Lithuania).

The second important measure is facilitating early medical abortion where possible. Abortion access was easier in countries where early medical abortion was already common before the pandemic. Denmark, Sweden, Finland or Estonia, where medical abortion represents the vast majority of early abortion procedures, did not have to go through major changes in policy and protocols because access was already guaranteed.

Third, policy makers should remove obstacles to timely and secure abortion access and to prioritise telemedicine. Mandatory waiting periods, counselling visits, hospital stays or efforts to obtain necessary justifications for abortion present significant hurdles for women. Some of the countries eliminated these obstacles temporarily and we urge them to consider making these changes permanent when possible. [England](#), [Scotland](#) and [Wales](#) have already taken initiatives in this direction, and organised public consultations on whether to keep the pandemic abortion provisions in place permanently.

Finally, communication of protocols and policies needs to be clear, detailed and easy to find. There is much room for improvement here - we found that not many countries had explicit instructions on what a woman can do if she needs an abortion during a pandemic.

Europe's experience with Covid-19 should serve as a valuable lesson for policy makers, who should continue looking for appropriate solutions that will ensure abortion access and protect women's lives. < !—> <http://theconversation.com/republishing-guidelines> —>

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P.-S.

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Fabrice Rousselot

Directeur de la rédaction