

**Official Statement from the Global Doctors for Choice Brazil (Rede Médica  
pelo Direito de Decidir):  
For the Maintenance of Legal Abortion Services in Brazil during the COVID-  
19 Pandemic**

**March 31 2020**

Recently we have seen the suspension of legal abortion services in Brazil as a contingency measure in the context of the COVID-19 pandemic<sup>1</sup>. Although we agree with the suspension of non-essential services and elective surgeries to free up hospital beds and personal protective equipment in the health system for patients infected with the coronavirus<sup>2</sup>, we know that legal abortion is an **essential care** for women's health. It must be guaranteed, especially during the pandemic<sup>3,4,5</sup>.

The suspension of legal abortion services does not seem to serve the purpose of freeing equipment and hospital beds: safe abortion requires minimum biosafety equipment and, most of times, does not demand hospitalization<sup>6</sup>.

On the contrary, the delay in legal abortions can lead to higher costs to the health system. We know that the earlier this procedure is carried out, the faster and safer it is. In case of surgical procedures, every additional week in pregnancy increases the risk of legal abortion in 30% due to technical difficulties that lead to increased need for blood transfusions and prolonged hospitalization<sup>7</sup>.

Therefore, legal abortion is a **time-sensitive service** (like any other health service to pregnant women). It cannot be denied or postponed without serious consequences to the physical and mental health of women who need this service: victims of rape, women with chronic diseases whose pregnancy imposes a risk of death, and women bearing anencephalic fetuses.

For these reasons, likewise the Ministry of Health guidelines concerning health care to pregnant women in the context of COVID-19 – which recommends the



maintenance of health care to pregnant women during the pandemics “due to the self-limiting nature of pregnancy”<sup>8</sup> –, **we support the maintenance of all the (few) legal abortion services during the health crisis we have been facing.**

In addition, in order to minimize the risks for women in times of social isolation and reduce the impact on health services, we suggest to the Ministry of Health:

**1. The approval of the registration of mifepristone by ANVISA (Brazilian Health Regulatory Agency) and medical abortion outside hospitals.**

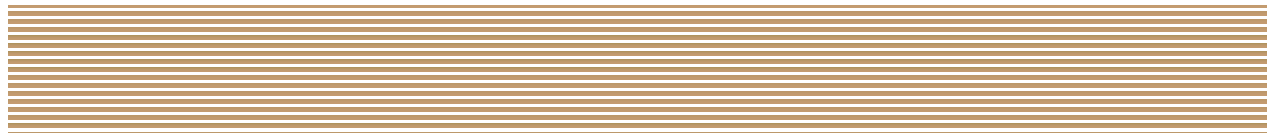
The combination of mifepristone and misoprostol is a safe and effective alternative of medical abortion up to 12 weeks of gestational age<sup>9</sup>. It can be self-administered up to the 10th week of pregnancy<sup>10</sup> without the need of visits to the health care unit. For this reason, mifepristone is in the World Health Organization’s list of essential medicines<sup>11</sup>. To avoid that women in a situation of legal abortion have to visit a health care unit, the ministry should dispense mifepristone and misoprostol with prescription and require that Brazilian drugstores collect and keep prescriptions.

**2. The regulation of manual vacuum aspiration in outpatient settings.**

The surgical treatment for legal abortion in the first trimester – manual vacuum aspiration (MVA) – can be carried out safely and effectively with local anesthesia in outpatient settings<sup>12</sup>. However, the Brazilian Unified Health System (SUS) requires hospitalization to pay for MVA procedures.

**3. The regulation of telehealth for legal abortion services in Brazil.**

Considering the low number of legal abortion services in Brazil<sup>13</sup>, several women who need an abortion have to travel long distances to access safe care. In view of the necessary restriction on travels during the pandemics (social isolation), the Federal Council of Medicine recognizes the importance of telehealth to provide health-related teleguidance and telemonitoring<sup>14</sup>. A systematic review on the use of telemedicine for abortion services shows that care provided for multidisciplinary teams through telehealth/telemedicine is as effective and safe as face-to-face care<sup>15</sup>.



#### **4. The regulation of second-trimester surgical abortion in places where there is a trained specialist to carry out this procedure.**

The second-trimester surgical treatment of women in need of abortion is superior to drug treatment. It has fewer adverse events<sup>16-18</sup>, shorter treatment time<sup>18</sup>, and lower costs to the health system<sup>19</sup>. This procedure is not listed in the Brazilian Unified Health System (SUS) and it can be an alternative to prolonged stays in hospital beds due to medical abortion in cases of more advanced gestational age.

#### **5. Maintenance of family planning services, mainly for the insertion of intrauterine devices.**

Until now, scientific evidence suggests that pregnant women do not have a higher risk of severity or fetal compromise due to infection by the coronavirus. However, studies published until now have assessed only pregnant women in the third trimester of pregnancy. Women should be advised about possible adverse outcomes after infection during pregnancy and should have their sexual and reproductive rights guaranteed, including their right to contraception<sup>20</sup>. In addition, women should be advised that the current moment of pandemic is not appropriate to plan a pregnancy<sup>21</sup>. Thus, the use of long-acting reversible contraceptives (LARCs), such as the intrauterine device (IUD), should be encouraged. The IUD is a very effective contraceptive method. It can be inserted by medical or nursing professionals in a single visit to health services and it does not require control with subsequent visits. Women themselves can check IUD strings<sup>22</sup>. Preventing unwanted pregnancy is urgent during this pandemic, as women are more vulnerable to domestic and sexual violence due to social isolation.

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