

Use of medical abortion in legally restricted situation

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Health policy of Mongolia related to abortion

The Population Policy of Mongolia (1996):

- prohibits the promotion of abortion as a method of family planning,
- abortion should be available, regulated by law, and performed in safe conditions

National Project on MCHFP (1992-1997):

- to decrease the high number of abortions and to reduce abortion – related pathology
- to decrease maternal mortality and morbidity
- to respect the basic human rights of women and couples and to contribute to the improvement of women's role in society.

Health policy of Mongolia related to abortion

Order A/220 of the Ministry of Health (1998)

- Abortions must be performed in medical facilities under safe conditions where the necessary equipment for management of complications must be available.
- appropriate tests are required prior to an abortion

Health law on abortion care in Mongolia (2001)

- Early abortion (up to 12 GW) can be performed on legal basis in safe medical facilities that have permission to perform abortions

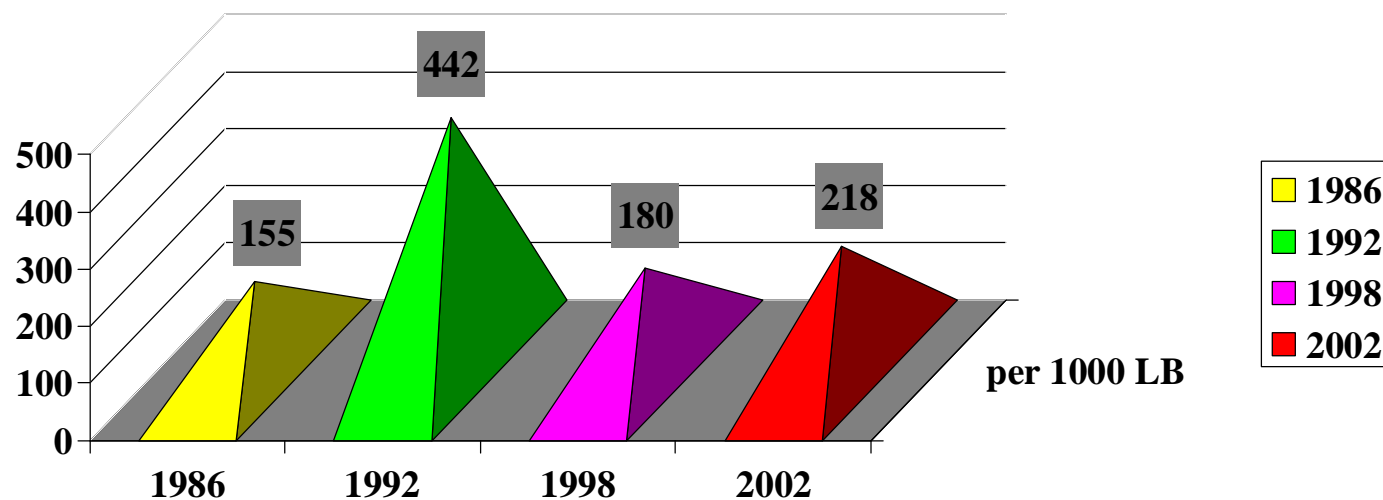
Late abortion (13-24 GW) is legally allowed:

1. The pregnancy constitutes a threat to the life of the woman or fetus
2. At the request of the woman if she aged less than 16 or more than 45 years
3. Where the woman has a psychological disorder
4. Where the pregnancy is a result of rape or incest

National Reproductive Health Program (2002 – 2006)

- to reduce levels of abortion
- improve quality of abortion services

Incidence of abortion in Mongolia



Abortion in Mongolia

- There were 9,977 abortions reported with 9 % performed at private clinics (MOH, 2002)
- Underreporting of number of abortion
- Induced abortion is performed in public and private settings by OBGY specialist
- Payment for the abortion is not covered by health insurance
- Limited abortion counselling and postabortion FP counselling
- There is no informed consent for women undergoing an abortion
- 7 % complications from abortion at public hospitals resulted in hospitalization (NHS, 1998)
- 15 cases of 57 maternal deaths due to complications of late abortion (MOH, 2002)

Situation of medical abortion in Mongolia

- Medical abortion was performed for healthy women with single pregnancy < 63 amenorrhoea length using mifepristone and misoprostol by the MCHRCenter through a WHO sponsored clinical trials.
- Majority of Mongolian women participated in trials would choose medical abortion again and would prefer to have it at a health facility then at home.
- There is a much demand on medical abortion drugs
- Women's and providers acceptability on medical abortion is very high.
- Mifepristone and misoprostol is not officially registered in the national essential drug list.
- Chinese drug is available illegally in local pharmacy and/or from private doctors.
- Increased number of women who had experience of previous medical abortion.

Situation of medical abortion in Mongolia

- Need to register mifepristone and misoprostol to the national essential drugs list (drug should have an appropriate dose);
- Affordability, accessibility
- Adequately train health care personnel in medical abortion and post-abortion care and counseling,
- Prepare IEC materials for the users
- 1st draft of the national standards on abortion (including medical abortion)has been developed
- appropriate guidelines/standard on 2nd trimester abortion