

PS2.069

Voluntary termination of pregnancy in a Portuguese local health unit - 8 years after the law approval

Sofia Faria(1), C Gama(2), J Seabra(3), M Leite(4)

(1) USF Lagoa, ULS Matosinhos, Matosinhos, Portugal

(2) USF Oceanos, ULS Matosinhos, Matosinhos, Portugal

(3) USF Porto Douro, Aces Porto Ocidental, Porto, Portugal

(4) USF Horizonte, ULS Matosinhos, Matosinhos, Portugal

Corresponding author: Dr Sofia Faria, Unidade Local de Saúde de Matosinhos, Unidade de Saúde Familiar Lagoa, Matosinhos, Portugal. E-mail: faria.sofia@hotmail.com

Background and Aim: Significant advances in Family Planning (FP) have been reached in the past years, and contraception is nowadays widely accessible. There was a reduction of unwanted pregnancies but, it is still expected 33 million women to become accidentally pregnant each year. Since 2007, Portuguese law allows voluntary termination of pregnancy (VTP), until 10 weeks of pregnancy. The aim of this study is to characterize population who carried out a VTP in a Portuguese Health Unit, between 2007 and 2014, for sociodemographic and obstetric variables, in order to identify strategies of FP improvement.

Method: This is an observational, descriptive, cross-sectional study. The study population includes women who performed VTP, until 10 weeks of gestation, between 2007 and 2014, in the Health Unit. Anonymized data were provided by the The Portuguese Directorate-General of Health.

Results: A total of 1571 VTP records was obtained. Most women are 20 to 29 years old (44.4%), have high school level of education (36.3%), are single (58.1%), and professionally active, while 14.3% are students and 20.3% are unemployed. 11.8% of women resorted to this method twice. It is also noted that 70.5% of women had no access to FP in the 12 months leading up to the VTP. After the intervention, long-term contraceptive methods account for 65.8% of the choices (subcutaneous implant, intrauterine device or sterilization). Recently, from 2013 to 2014 there was a reduction of 30.1% of VTP.

Conclusions: The accessibility of all women to FP is essential to improve reproductive health promotion in the future. Easy access to information and health education programs, directed to the target public, are important measures. The GP assumes a privileged role in monitoring the individual during the various stages of the life cycle, providing contraceptive methods that meet the specific needs of each couple.