




**STATUS OVERVIEW**  
of  
**ABORTION**  
**IN EUROPE**

Updated version  
September 2023





**Whereas in the first decades of the 21<sup>st</sup> century, many countries started legalising abortion and progress of women's rights seemed to go on in Europe, nowadays a backlash against the right to abortion is clearly visible.**

Since the Abortion Right<sup>1</sup> platform was set up in 2011, we have been sounding the alarm on the attacks – open or surreptitious – which, in several countries, are impeding women's\* access to abortion<sup>2</sup>.

In June 2022, public attention peaked following the decision of the **Supreme Court of the United States to withdraw the guaranteed right to abortion**, leaving the authority to legislate on access to abortion to state legislatures. Since then, numerous US states have limited or banned abortion, including for cases of foetal malformations or of pregnancies resulting from rape, with dramatic consequences for women. Some have no other choice but – if they can afford it – to obtain abortion pills in Mexico. Others have to go through unimaginable ordeals, as did Deborah Dorbert, a 33-year-old American, who was forced to carry to term a baby who lacked kidneys and died in her arms shortly after birth.

It would be erroneous to believe that the strategies implemented by the fundamentalist and conservative movements concerned the United States alone. In Europe, states are likewise impinging on women's rights to life and health.

It is little known, but on the continent, abortion is totally illegal in **Andorra and Liechtenstein**. In January 2023, **Malta** very slightly opened up access

---

1 Abortion Right is a platform for monitoring and taking action that brings together French and Dutch-speaking partner associations working in the field of sexual and reproductive rights. If you wish to learn more, visit the platform's site: <https://www.abortionright.eu/en/>

2 The term woman\* denotes women and pregnant persons.

to abortion if the woman's life is at risk. In **Poland**, the Catholic church's pronouncements on the "culture of death" have succeeded in virtually banning abortion, entailing, since 2020, the death of six pregnant women who were turned away from hospital care! How can that be acceptable? Elsewhere, as in **Hungary** under Viktor Orbán, the law forces women seeking an abortion to produce a medical certificate that proves that they have listened to "the foetus's heartbeat". **Spain** is also facing the rise of a threatening far right: the Vox party lauds a religious state with Christian and family values, challenging the rights won in matters of abortion and sexual health. In **Italy** the new president of the Council and head of the party *Fratelli d'Italia* Giorgia Meloni has stated, multiple times, her intention to boost the birthrate and stack up the obstacles to abortion. Rollbacks can also be observed in recent months in **Latvia, Lithuania and Croatia**, as well as in **Bulgaria, Georgia and Romania**, where Orthodox priests are supporting draft bills on the protection of the embryo from the moment of conception, even when the woman's life is at risk. This is also happening in evangelical Protestant churches, particularly pentecostal ones, which are becoming more and more influential. Formal alliances repeatedly forged among the various religious currents over the course of the 2000s have consolidated into an anti-choice front, entirely in line with Pope Francis, who compared abortion to a "hired killer".

Criminalisation and restrictions on abortion are limiting health professionals in exercising their role as carers in compliance with good medical practice and their ethical responsibility. These legislations have **a dissuasive effect on doctors** and healthcare stakeholders. These persons may be faced with legal consequences for their healthcare decisions, including in situations that require medical abortions or when collecting foetal tissue from women who have suffered incomplete miscarriages. Moreover, the lack of clarity in the texts that specify exceptions from the abortion ban dissuades doctors from performing abortions even further. That results in situations of extreme violence, which could extend to the death of pregnant women – under the

doctors' gaze.

This criminalisation likewise has a dissuasive effect on women who do not dare to seek care when there are complications due to a risky abortion or on account of other complications associated with pregnancy.

Impediments to women's sexual and reproductive autonomy are the expression of **institutionalised sexism** and must be combatted as factors of inequalities and injustice. Generally, contexts of crisis – economic, health-related or environmental – add new obstacles to the already significant ideological brakes and guilt-tripping: closure of centres that perform abortion, prolongation of waiting times, scant resources allocated to information.

Fortunately, in the heart of the EU, along with Denmark and Sweden, a number of countries are resisting this trend: France, Luxembourg and the Netherlands. Their voluntarist policy in favour of women's rights must be generalised and backed by the EU: abortion is not a matter for judges' discretion or the penal code of the Member States.

The European Union must be able to guarantee equal rights to health and self-determination for all women, regardless of their nationality and country of residence.

Country by country, this brochure offers a status overview of the threats and obstacles, but also the progress in matters of legislation and access to abortion.

<b>AUSTRIA</b>	<b>5</b>
<b>BELGIUM</b>	<b>6</b>
<b>BULGARIA</b>	<b>7</b>
<b>CROATIA</b>	<b>8</b>
<b>CYPRUS</b>	<b>9</b>
<b>CZECH REPUBLIC</b>	<b>10</b>
<b>DENMARK</b>	<b>10</b>
<b>ESTONIA</b>	<b>11</b>
<b>FINLAND</b>	<b>11</b>
<b>FRANCE</b>	<b>12</b>
<b>GERMANY</b>	<b>13</b>
<b>GREECE</b>	<b>14</b>
<b>HUNGARY</b>	<b>15</b>
<b>ICELAND</b>	<b>16</b>
<b>IRELAND</b>	<b>17</b>
<b>ITALY</b>	<b>18</b>
<b>LATVIA</b>	<b>19</b>
<b>LITHUANIA</b>	<b>19</b>
<b>LUXEMBOURG</b>	<b>20</b>
<b>MALTA</b>	<b>21</b>
<b>NETHERLANDS</b>	<b>22</b>
<b>NORWAY</b>	<b>23</b>
<b>POLAND</b>	<b>24</b>
<b>PORTUGAL</b>	<b>25</b>
<b>ROMANIA</b>	<b>26</b>
<b>SLOVAKIA</b>	<b>27</b>
<b>SLOVENIA</b>	<b>28</b>
<b>SPAIN</b>	<b>28</b>
<b>SWEDEN</b>	<b>29</b>
<b>SWITZERLAND</b>	<b>30</b>
<b>UNITED KINGDOM</b>	<b>31</b>
<b>ABORTION ON THE INTERNATIONAL LEVEL</b>	<b>32</b>

## AUSTRIA

Since 1975, abortion has been authorised up to the **14<sup>th</sup> week of pregnancy**, at the woman's request following a medical consultation. There is **no mandatory waiting time** between this consultation and the abortion. **Beyond 14 weeks**, abortion remains possible in specific cases: risk to life or possible physical/mental consequences for the pregnant woman, a risk of mental/physical handicap in the child, or when the person was under 14 years of age at the time of conception.

**Minors aged between 14 and 18 years** are the **only ones entitled to give their consent for an abortion**, provided that they are competent to make the decision. Minors aged below 14 years need the agreement of either parent or of the legal guardian.

Abortion is **not reimbursed** by health insurance (except for medical reasons) and is accessible to all women, resident or otherwise. The fees vary between 300 and 900 Euros.

No doctor, nursing staff member or paramedic is obliged to perform an abortion or to take part in it, except in order to save the pregnant woman from an imminent risk of death. These professionals are **under no obligation** to send the woman to a practitioner that performs abortion.

**Medical abortion** is authorised up to 9 weeks of pregnancy.

All information on abortion is available and updated on the **government site** on the subject of health.

## BELGIUM

Abortion is permitted up to **12 weeks of pregnancy**, with **a mandatory period of reflection** of 6 days between the first consultation and the procedure, and is **reimbursed** by health insurance. Medical termination of pregnancy is authorised **beyond 12 weeks** for medical reasons only.

**Minors** do not need parental consent in order to obtain an abortion.

**Medical abortion** is possible at home up to 9 weeks.

The law of 2018 amended the partial decriminalisation law of 1990. Apart from now penalising the **physical obstruction** of clinics where abortion is practised, the new legislation has dropped the concept of distress and obliges any doctors who use the conscience clause in order to avoid performing an abortion to provide **information and guidance** to the patient concerning an alternative practitioner or establishment. From January 2024, **this obligation will be amplified** in Brussels hospitals, which will be required either to take on the abortion request directly, or to propose that the request be taken on at an alternative hospital within their network.



Prior to this law, abortion was considered an offence against the “order of families and public morality”.

Abortion remains the target of **numerous attacks**: in secondary schools, anti-abortion speeches are held by persons supposed to be providing sex education; several false anti-abortion campaigns have been disseminated on public transport. In **2019**, 7 political parties were cosignatories **a legal proposal to completely decriminalise abortion**, extend the limit to 18 weeks of pregnancy, and reduce the mandatory waiting period from 6 days to 48 hours. Despite a parliamentary majority in favour of the text, it was not voted in following the opposition of the nationalist, Christian and far-right parties. In addition, the government was formed in September 2020 on the condition that the parliamentary debates on abortion be abandoned. The new government requested that the 2018 law be evaluated by a group of experts in order to arrive at a consensus among the majority parties. This committee delivered its final report in April 2023. It contains 25 recommendations and an in-depth analysis of the situation in Belgium. The experts' conclusions corroborate the terms of the draft law of 2019, but the debates have still not resumed in Parliament.

Each year, approximately **500 women travel to the Netherlands**, because the limit in Belgium is too short and does not take account of the various life situations women may face (rape, pregnancy denial, etc.). Others do not have the means (financial or other) to travel and are therefore forced to continue an unwanted pregnancy.



## BULGARIA

Abortion is authorised up to **12 weeks of pregnancy** at the woman's request, and up to **20 weeks** following the agreement of a medical committee if the woman is suffering from an illness that may be a risk to her life or that of the foetus. **After 20 weeks**, abortion is authorised if the woman's life is at risk or in the case of severe foetal malformation. **Medical abortion** is possible at home. There is no legal basis to **conscientious objection**, which is therefore not legally permitted.

Abortion is **free of charge** for under-16s and persons older than 35, on medical indication and in the case of rape.



Despite this legal framework, demographic decline has become an obsession of the government, which restricts access to abortion: adolescents intending to terminate a pregnancy are **put down** in the media, **sex education** is patchy and the **negative influence of the Orthodox church** adds to the prevailing conservatism.

In this country where the population is 90% Catholic, abortion has been authorised **up to the 10<sup>th</sup> week of pregnancy** at the request of the woman since 1978. The pregnant woman must provide written grounds for her request, which must then be approved by the doctor.

**Beyond 10 weeks**, an expert committee comprised of doctors and social workers must certify that the woman's health is at risk, that there is a physical or mental malformation in the foetus or that the pregnancy is the result of rape or incest.

The **cost** of an abortion differs according to the regions but generally remains very high compared with the average salary and is not covered by the state.



Since independence in 1991, religious organisations and the Catholic church have acquired a strong influence in society, and the law on freely available abortion came under debate in the early 2000s. The obstacles are growing, and include a **shortage of doctors**. The number of abortions has declined steeply, from 40 000 in 1989 to 2 400 in 2017, while the population of young people above the age of 14 years has increased by 11%.

The **conscience clause** was introduced to the law in 2003 and allows health personnel to refuse to perform an abortion, unless the woman's life is at risk. If the professional refuses, **he/she must guide** the woman towards a doctor who performs abortion. Around **60% of gynaecologists refuse to perform abortions**. This situation is the outcome of the anti-choice campaigns since the fall of the Communist regime, which occasionally use surprising methods, such as the minting of a coin forming the effigy of a foetus in 2000. In Croatia, modern contraception methods are also rarely used, the result of **scant sex education**.

In **2017**, the **constitutional court threw out an appeal by several conservative groups** which were demanding an abortion ban. The court then requested that the parliament draw up new legislation, deeming that the law of 1978 was now obsolete. Numerous defenders of the right to abortion fear that this will lead to further restrictions. Since then, demonstrations have been taking place, as in 2021 when thousands of people marched in Zagreb against abortion.

In **2022**, one case especially shook Croatia: a woman aged 39, 6 months' pregnant with a foetus affected by a brain tumour that left it with little chance of survival, was **turned away by several hospitals**. In the end, sustained protests in the country led to her gaining access to an abortion.

## CYPRUS

In March 2018, following years of debate in the face of one of the most restrictive legal regimes when it comes to abortion, a **new law** allows termination of pregnancy within a period of **12 weeks** following a medical consultation without confirmation of a risk to health.

The limit is extended to **19 weeks** in the case of rape and incest and up to **24 weeks** in the case of serious foetal anomalies. **Medical abortion** is authorised.

Abortion is permitted to unmarried women from the age of 18. If the pregnant woman is married, **the agreement of the spouse is required**.

In the case of pregnancy in **a minor**, written consent by the parents (or legal guardian) is required.

Health personnel have the right to refuse to practise abortions, unless the life of the pregnant woman is at risk.

In line with the country's healthcare system, abortion is free of charge only for patients who are granted reimbursed medical care. Since the majority of abortions are performed in private clinics, the **cost** is too high for many women.



Previously, abortion was illegal and could only be performed if two doctors certified that the pregnancy presented a risk to the woman or the unborn child.

In Cyprus, where abortion is a sensitive subject, the **influential Orthodox church** is firmly opposed to decriminalisation. Young girls have very little access to **sex education** in schools and few women are aware of modern **contraception** methods or have access to them.

## CZECH REPUBLIC

Abortion at the woman's request is authorised up to **12 weeks of pregnancy**, in compliance with a **period of at least six months between two abortions**, unless the woman is aged above 35 years, already has two children or has been the victim of rape. The woman's written consent along with the approval of a doctor and a consultation before and after the abortion are mandatory.

**Beyond 12 weeks**, only medical indications are retained, for which the state assumes the cost.

Parental consent is required **up to the age of 16 years**, and **between 16 and 18 years**, the abortion clinic is obliged to inform the parents.



Thousands of Polish women travel to the Czech Republic each year to have an abortion, usually in private clinics. Though Poland would prefer to prevent it, the Czech Republic amended its **legislation in order to allow EU citizens to obtain an abortion in the country**.

## DENMARK

Abortion is authorised on request up to the **12<sup>th</sup> week of pregnancy**. Abortion is possible up to **22 weeks** solely in the case of rape, incest or medical or social indications; a committee comprised of gynaecologists, social workers and psychologists must then provide its agreement.

**Minors** must obtain their parents' consent. Recent debates have revolved around authorising abortion without parental agreement from the age of 15 years.

The **cost** of an abortion is fully assumed by the state.

Since 2004, abortion has also been **accessible** to women who do not reside in Denmark.



In the Faroe Islands, the Danish parliament was officially responsible for legislation on abortion until 2018. A Danish law of 1956 only authorises abortion in 4 situations: serious risk to the woman, rape and incest, risk of serious illness for the foetus or the woman's inability to look after a child.

Politicians in the Faroe Islands only recently regained responsibility for the legislation on their territory. According to the Social Affairs Minister, M. Nolsø, that is the main reason why the local government is soon expected to change the rules relating to abortion, even though it is not a government priority.

## ESTONIA

Abortion is authorised up to **12 weeks of pregnancy** following a mandatory medical consultation. The woman must sign a document that explains the risks associated with abortion. The limit is extended to **22 weeks** for certain medical reasons, as well as for girls **aged below 15 years and women over 45 years**.

Parental consent is required for young women aged **below 18 years**.

Voluntary termination of pregnancy is a procedure that is **charged for** in Estonia. If the woman is insured by the health insurance fund, the person wishing to obtain an abortion must pay 50% of the price of the authorised medical abortion and 30% of the price of a surgical abortion. In the absence of insurance, the full price must be paid.

## FINLAND

Abortion is authorised on request up to **12 weeks of pregnancy** for multiple reasons: the woman's age, health, family or financial situation.

Beyond that, abortion is authorised:

- **Up to 20 weeks** in certain cases of rape or incest or for minors aged below 17 years for social reasons;
- **Up to 24 weeks** in the case of foetal risk;
- **No limit** is set down if the woman's health is at risk.

Finland is one of the few countries **not to authorise** care-givers to refuse to perform a abortion.

**Minors** are not obliged to obtain their parents' agreement.

The **cost** of abortion is fully assumed by the State.



Following a citizens' initiative "OwnWill2020", which collected more than 50,000 signatures, the Finnish parliament voted in a **new law** that drops the obligation to supply grounds for an abortion request and limits medical authorisation to one doctor instead of two for abortions beyond 12 weeks.

95% of the abortions carried out in Finland are performed medically.

## FRANCE

Decriminalised since the Veil law of 1975, abortion on request has been authorised up to the **14<sup>th</sup> week of pregnancy** since 2022 and is performed by doctors and midwives. **After 14 weeks**, abortion can be accessed on medical indications and following consultation with a multidisciplinary team.

For **minors**, an interview with a psychologist is required and no parental agreement is needed.

Since 2013, the cost of abortion has been **fully assumed** by social security and by state medical aid for women without social security insurance. The Vallaud-Belkacem law of 4 August 2014 amplified the right to abortion: it dropped the condition of “avowed distress” demanded by the law of 1975 and penalised the **obstruction of information** about abortion. In 2016, the Senate **extended the crime of obstructing** abortion with a view to combating disinformation practices, particularly **on the Internet**, and to combating the psychological pressure placed on women and people close to them on the subject of abortion.

**Medical abortion** is authorised at home via remote consultation up to 7 weeks of pregnancy.



In August **2020**, the National Assembly voted in favour of the bioethics bill and approved an amendment that states that “**psychosocial distress**” can be a cause of “serious threat to health” that justifies an abortion for medical reasons. Prolongation of the legal term of abortion from 12 to 14 weeks was voted in 2022. Each year, between 3000 to 5000 women travelled abroad to have an abortion, because the limit was too short. In February 2023, the Senate voted in favour of enshrining “woman’s freedom” to have recourse to abortion in the Constitution, but parliamentary work on this seems to have come to a halt.

**Anti-choice movements** remain highly present in France. Every year, for the anniversary of the Veil law of 1975, a “March for Life” is organised by Catholic and conservative groups. In 2015, the Conference of the Bishops of France publicly criticised the government’s abortion information campaign. In 2023, the “Les survivants” movement stuck anti-choice stickers on bicycles in Paris.

Few professionals perform abortion, which promotes the existence of **medical deserts** and obstructs access to abortion for numerous women who live outside urban centres. 17.2% of abortions in France are carried out outside of women’s département of residence.

## GERMANY

Abortion is authorised up to **12 weeks of pregnancy** at the woman's request, following a mandatory sociomedical interview at an approved advisory centre, except in the case of rape. Based on a certificate of consultation, the operation is authorised following **a wait of 3 days**. **Beyond 12 weeks**, two doctors must certify that “the mother's physical or mental health is at risk”.

Parental consent is mandatory for **minors**.

The cost of the abortion is the **woman's responsibility**, except in certain specific cases (rape, risk to the woman's life, etc.). Some Länder assume this cost for persons who do not have the means to abort or for minors.

**Medical abortion** is possible up to 9 weeks under supervision and medical checks.

Health professionals who refuse to perform a abortion, invoking **a conscience clause**, are not obliged to inform women about this or to provide them with alternative guidance.



The Covid-19 crisis hampered access to abortion, since clinics focused solely on surgical procedures deemed to be urgent.

Following some relaxations in 2019, in June 2022 the German parliament repealed paragraph 219a of the Penal Code of 1933 which considered **the promotion and advertising** of abortion to be criminal offences. Several health professionals had, in fact, been fined for being in infringement of this ban: €6000 for one doctor in 2017 and €2000 in 2019 for some doctors who had broadcast medical information on abortion. One of the doctors went before the Federal Constitutional Court, whose pronouncement is not yet known.

Despite these developments, abortion remains an **illegal act** (article 218), but is not penalised up to 12 weeks of pregnancy if, and only if, the procedures mentioned above are followed. This article may form the subject of **debates** in the near future.

**Access to abortion is unequal** depending on the regions and becomes more complex with the reduction of practices and clinics performing abortion. According to the Federal Office of Statistics, their number fell by 46% between 2003 and 2021. Some patients are forced to travel 150 kilometres to find a doctor, especially in rural and Catholic regions such as Bavaria. However, the situation is also critical even in some large cities, such as Stuttgart or Münster.

## GREECE

Abortion is authorised on request up to the **12<sup>th</sup> week of pregnancy**.

Beyond that, it is possible:

- Up to **19 weeks** in the case of rape or incest;
- Up to **24 weeks** in the case of foetal anomaly;
- **No limit** is set down if the woman's health is at risk or in the case of a serious foetal problem.

In the case of abortion for a medical reason, a certificate is required.

**Minors** must obtain their parents' agreement.

Abortion is **free of charge** in public services and **partially assumed by Social Security** in the private sector.



In reality, in the face of the negative pressure of public opinion, women often resort to abortion in secret. Abortion conditions in Greece are described in the penal code: that is evidence of **moral disapproval**.

In early 2020, posters bearing **anti-abortion messages** were hung in the Athens metro with the slogan "Choose life – Let me live". Following a general outcry, the government decided to withdraw the posters. According to the Greek media, the publicity campaign was paid for by groups associated with the Orthodox Church. The Church also instigated a "day of the unborn child".

In the context of natalist policy, the right-wing government of Kyriakos Mitsotakis promised a **subsidy** of 2000 Euros for each child born in Greece and 1000 Euros for mothers aged below 30 years.



## HUNGARY

Abortion is authorised up to **12 weeks of pregnancy**. The woman who makes the request must define the “**serious crisis**” that she is going through and take part in **two interviews** with the social services, **3 days apart**.

**Beyond that**, abortion is possible on medical or social indications following consultation with two doctors.

Young women aged **below 16 years** must have the consent of their parents, and for patients aged between **16 and 18 years**, the parents must be informed.

**Costs of the abortion** are free solely for women who belong to vulnerable groups that receive financial assistance from the state, or who reside in a public institution.

The conservatives in power **do not authorise medical abortion** and the morning-after pill is only available on prescription.



In practice, abortion is viewed very unfavourably and access is becoming more and more restricted. In 2012, the Orbán government introduced to the Constitution “the **protection of life** from the moment of conception” and, since 2017, it has been conducting a **natalist policy** based on the promotion of the “traditional family” and support to “childrearing”: celebration of stay-at-home mums in school textbooks, subsidies granted to hospitals that refuse to perform abortion, anti-abortion campaign in the metro in violation of the rules of the European funding programme, political pressure on clinics that perform medical abortion considered “too easy”, harrasment of NGOs that defend women’s rights... Unsuccessfully, **CEDAW**– the United Nations Committee on the Elimination of Discrimination against Women – asked Hungary, in 2023, to provide access to abortion to all women, and stated that “limiting women’s rights to a familial vision was tantamount to supporting precisely the stereotypes the states are responsible for combating.”

Since 2022, women seeking an abortion have been forcibly exposed to the **foetus’s vital functions**, listening to the foetal heartbeat before the abortion is performed.

Several hundred Hungarian women travel to Vienna each year to obtain a medical abortion or a surgical abortion up to 14 weeks.

## ICELAND

In September 2019, a historic bill authorising abortion **up to 22 weeks of pregnancy**, regardless of circumstances, came into force.

It also improves the lot of minors, who are no longer required to furnish parental consent.

**Beyond 22 weeks**, abortion is possible for medical reasons (for example, in the case of foetal anomalies or of risk to the woman's life or health) with the authorisation of two doctors.

**Abortion costs** are fully assumed by social security, but the visit to the doctor is not reimbursed.

## IRELAND

In January 2019, the parliament adopted a law that unconditionally authorises abortion **up to 10 weeks of pregnancy** with a mandatory three-day **period of reflection** between the two consultations.

Minors aged above 16 years can decide for themselves to obtain an abortion. Below that age, the agreement of one parent is required, unless the health professional deems that the minor is capable of giving her consent on her own.

**Up to 24 weeks**, abortion is possible in the case of risk to the pregnant woman's life, or of anomalies that can lead to death in utero.

**The costs of abortion** are fully assumed by the state for women residing in the country.



**Before 2019**, Irish legislation was among the most restrictive in Europe, since the 8<sup>th</sup> amendment of its Constitution recognised the foetus's right to life in the same way as the mother's. Abortion was even banned for victims of rape and incest, as well as for pregnant women whose foetus presented serious deformities or was non-viable. The penalties could range up to 14 years in prison. Several thousand women travelled to Great Britain each year for an abortion, at great expense.

At the end of 2012, the death of Savita Halappanavar (31), who suffered a miscarriage at 17 weeks because doctors refused to intervene while the foetus' heart was still beating, sparked protests which prompted a referendum on abortion

**The law of 2019** was adopted following this referendum held on 25 May 2018, where almost 70% of the voters opted for the legislation. This law has recently been reviewed and the published report highlights numerous deficiencies in its enactment. Debates are expected to resume soon and bear on the period of reflection, the lack of practitioners, etc.

In practice, **access is generally assured** despite the **geographic inequalities**. Only 11 of the country's 19 maternity hospitals perform abortion and fewer than 1 in 9 general practitioners. Women still travel to Great Britain, since the limit there is longer and conditions of access in the case of foetal malformation are less restrictive.

Abortion is authorised **up to 90 days of pregnancy** – a bit less than 12 weeks – on social or medical indications following a consultation with a doctor.

**Beyond that limit**, it is authorised up to the end of foetal non-viability, unless there is a risk to the woman's life. Rape or incest are not grounds for special dispensation.

**Minors** must obtain the agreement of their parents and in the absence of that, a supervisory judge can intervene.

Women face a **mandatory waiting period of 7 days** between the first consultation and the abortion procedure, except in a medical emergency.

In August 2020, the Italian health ministry loosened the formalities of access to **medical abortion**, cancelling the mandatory three-day hospital stay. However, surgical abortion is still the main method used.

**Abortion costs** are fully assumed by the state.



**Nearly 3 health professionals in 4 refuse to perform abortions for reasons of conscience**, which seriously impedes access: difficulty in finding a practitioner, prolongation of limits, multiple humiliations and increase in psychological distress... These obstructions can be seen across the whole territory and are practically the norm in the south. Women who have sufficient financial resources are obliged to move to other regions or countries in order to have an abortion.

**Anti-choice** activists are highly present on the political scene: in May 2018, in an attempt to promote natalist policies, Lorenzo Fontana, President of the Chamber of Deputies and member of the far-right party “Lega Nord”, declared that “abortion is the leading cause of femicide in the world”. Since October 2022, Giorgia Meloni, the leader of the post-fascist party Fratelli d'Italia, has been president of the Council. She has repeatedly stated her aim to boost birth rates and preserve “Italianness”. She appears to have no desire to amend the law of 1978, but it must be stated that at the regional level, obstacles to abortion are multiplying.

In 2020, **“foetus cemeteries”** stirred up controversy. These cemeteries are maintained by anti-choice movements without the agreement of women who have had abortions. Thus, their names are exposed for all to see on a tomb, though the law on abortion enshrines women's anonymity. In 2022, a far-right councillor in Piedmont offered to give €4000 to women who abandoned the idea of having an abortion. This proposal was criticised and ultimately thrown out.

## LATVIA

Abortion is legal up to 12 weeks of pregnancy on request following a mandatory medical consultation. **Between 12 and 22 weeks**, a medical justification and the agreement of a committee of doctors, as well as a written request by the woman, are necessary. A **waiting period of 3 days is mandatory** between the first consultation and the abortion.

Parental agreement is mandatory for young women aged **below 16 years**.

Abortion **costs** are fully the responsibility of the woman, unless the abortion is performed on medical indications.



In May 2022, the archbishop of Riga congratulated Christians for their work: by promoting the **“culture of life”**, they were credited by him with lowering the number of abortions from 7 000 in 2002 to 2 000 in 2020.

## LITHUANIA

Abortion is authorised up to **12 weeks of pregnancy** on request, following a medical consultation and a written request by the woman. The authorised limit extends **up to 22 weeks** for medical indications. The same limit applies in the case of rape or incest, but beyond the 12 weeks, the woman must obtain a **legal decision**. The agreement of the genitor is recommended, but not mandatory.

Parental agreement is mandatory for **minors** aged 16 years or under, and recommended for adolescents aged between 16 and 18 years.

**Medical abortion** up to 9 weeks of pregnancy has been legal since January 2023.

**Abortion costs** are assumed by the woman, but reimbursed by her (mandatory) health insurance when the abortion is performed on medical indications.



After several attempts, a bill on the protection of life in the prenatal stage dating from 2013 was finally thrown out in 2018. This bill aimed at banning abortion, in the name of Christian values and public morals, apart from in the case of risk to the woman's life or health or when the pregnancy results from a crime. If the law had been adopted, any doctor having performed an abortion risked three years of imprisonment.

In April 2015, the government gave in to the pressure from the Conference of Lithuanian Bishops and approved a bill on the fundamental principles of **protection of the rights of the child, before and after birth**.

## LUXEMBOURG

Abortion on request is authorised up to **12 weeks of pregnancy**. **After 12 weeks**, medical reasons and the approval of two doctors are required. There is a **mandatory period of reflection of 3 days** between the consultation and the abortion.

**Minors** must obtain the agreement of their parents or be accompanied by an adult of their choice.

Abortion is **fully reimbursed** by social security.



Since 2014, abortion has no longer been part of the Penal Code and, in the new law, the obligation to be “in a situation of distress” has been dropped. In the same vein, the second psychosocial consultation has become optional for women of majority age, but remains mandatory for **minors**.

The health minister recently announced meetings with people on the ground with a view to **relaxing the law**.

## MALTA

Before June 2023, abortion was illegal under all circumstances. In June 2022, Andrea Prudente, an American tourist, suffered a miscarriage in Valletta. She risked a fatal infection if doctors did not intervene. **None of the doctors** helped her and she had to be exfiltrated to Spain to be saved. This **highly restrictive law** authorises abortion only in cases where the mother's life is in danger and the foetus is not viable. The conditions are very strict for these two situations. In addition, if the woman's life is not in imminent danger, the opinion of a team of three doctors is required. If the foetus is not viable, all other medical procedures must be exhausted before an abortion can be performed.



In December 2016, following a long battle, Malta legalised **the morning-after pill**, available in pharmacies without a doctor's prescription. In practice, numerous pharmacists refuse to supply the morning-after pill for **"reasons of conscience"**.

Despite the country's resistance to reforming its legislation, civil society and independent health professionals are speaking up to raise public awareness and exert pressure in favour of a legal change. In 2019, the first pro-choice coalition, **"Voice for Malta"**, saw the light of day, along with the independent doctors' collective **"Doctors for Choice Malta"**.

## NETHERLANDS

Abortion is authorised at the request of the woman **without a limit stated by law**. Nevertheless, the penal code likens the act of killing a viable foetus to infanticide. The limit is generally deemed to be 24 weeks, but is often restricted, **in practice, to 20 or 22 weeks**. After 24 weeks, medical approval by a special commission is necessary.

The **mandatory waiting period of 5 days** was dropped in 2022.

Minors aged below 16 years must obtain the consent of their parents, even though in practice, the approval of a doctor is deemed sufficient.

Since 2022, general practitioners have been able to prescribe **abortion pills**.

**Abortion costs** are fully reimbursed by health insurance funds. The country's clinics take in European women who have exceeded the legal limit in their country, including, each year, several hundred women who live in Belgium. Costs can exceed 1000 Euros depending on the type of the abortion; added to those are the costs of travel and accommodation, which limits access for low-income women.



In recent years, the country has faced **a growing wave of intimidation** and harassment of women at the entrance to abortion clinics – some of them even report several demonstrations per week. To counter these attacks, the Christian Democratic health minister encouraged the **creation of buffer zones outside clinics in 2019**.



## NORWAY

Since 1978, abortion has been authorised up to the **12<sup>th</sup> week of pregnancy** at the simple request of the woman. The law sets down exceptions **between the 12<sup>th</sup> and 18<sup>th</sup> week** depending on the woman's health or her social situation, if the foetus runs a risk of serious medical complications or if the woman became pregnant when she was a minor or following sexual abuse. After the **18<sup>th</sup> week**, the reasons justifying an end to the pregnancy must be extremely serious.

**Beyond 12 weeks**, a committee comprised of two doctors decides whether or not to accept the request. If the request is turned down, it is automatically re-evaluated by a new committee called the "appeal committee".

**Minors** aged below 16 years must obtain the consent of their parents.

Abortions are performed in hospital and the procedure is **free of charge** for all women, resident or otherwise.



**Political divides** were apparent in late 2018 when the conservative prime minister, Erna Solberg, intended to sharpen abortion legislation in order to collect the Christian Democratic votes required to keep her government in power. In 2021, the former leader of the Christian Democratic party, Ropstad, declared himself against any relaxation of the law. The parties further to the left pleaded for a prolongation of the limit, the cancellation of medical committees, etc.

In March 2023, the liberal Venstre party submitted a text aimed at enshrining the right to abortion in the Constitution.



Abortion is **banned unless** the pregnancy is the result of an offence (rape or incest), or the woman's life or health is at stake. However, Polish pro-choice organisations report an almost total *de facto* ban, since there is very strong pressure on doctors and hospitals not to carry out abortions, even if they are legal. In the first case, abortion is only possible **up to 12 weeks of pregnancy**. In the second case, termination of pregnancy is authorised until the foetus has achieved the capability to live independently outside the pregnant woman's body.

**After 12 weeks**, on medical indications, abortion requires the authorisation of a different doctor to the one who performs the intervention, unless the pregnancy directly threatens the woman's life.



Attacks aimed at restricting access to abortion and exerting pressure on pro-choice activists are multiplying. Since it took power in 2015, the nationalist/conservative government has made repeated attempts at restricting access to abortion. In 2017, the Polish president ratified a law that limits access to the morning-after pill, which is now only accessible on doctor's prescription. In October 2020, the Polish constitutional court declared as anti-constitutional the exception of "serious and irreversible malformation of the foetus or incurable illness that threatens the life of the foetus" which was inscribed in the 1993 law on abortion. This led to the **ban on abortion in the case of foetal malformation**, which concerned more than 90% of abortions. That decision has had a major dissuasive impact on doctors. As a result, **6 pregnant women have died** due to a lack of care since 2020.

One Polish activist, Justyna Wyrzyńska, risked 3 years of prison for "aiding the committing of an abortion". In the end, she was convicted, but was sentenced to perform community service. She had helped a woman to gain access to medical abortion in the early days of the pandemic.

Following the Russian invasion in February 2022, numerous Ukrainian women have sought refuge in Poland. Some of them seek an abortion, especially due to rape. However, despite legislation that permits abortion in the case of rape, very few have access to it.

In June 2022, the health minister set up the obligation for general practitioners to **record all pregnancies in a digital medical register**. This tool is perceived to be a new means of controlling and persecuting Polish women.

Surveys demonstrate that a **large majority of Poles are in favour of liberalising the right to abortion**. According to a public survey in March 2023, 83.7% of persons support a change in the law. 56.8% support the unconditional right to abortion up to the 12<sup>th</sup> week. Only 11.5% think that the current law is right.

## PORTUGAL

Since 2007, abortion has been authorised **up to 10 weeks** on written consent by the woman, following an in-depth interview with a psychologist and with a medical certificate issued by a different doctor to the one who performs the abortion. A period of reflection of **3 days is mandatory**, unless the legal limit has been exceeded.

**Beyond 10 weeks**, abortion is authorised in the case of rape and on medical indications up to 16 weeks; and up to 24 weeks for a foetal anomaly or malformation.

There is no limit if the woman's life is at risk.

**Minors** aged below 16 years must obtain parental authorisation in order to terminate their pregnancy.

Since 2015, abortion is no longer covered by social security. The government decided to have women **assume all costs** associated with their request for abortion.

## ROMANIA

Abortion is authorised on request up to the **14<sup>th</sup> week of pregnancy** and beyond that in the case of foetal risk or risk to the woman's life. The pregnant woman must provide her consent in writing.

**Minors** aged below 18 years must present parental authorisation.

Abortion is performed at a low **cost** in the public sector and is partially reimbursed by social security. In practice, however, women must often pay the full fees.

In Romania, abortion has become increasingly difficult under pressure from the Church, pro-life NGOs and with the complicity of the state. The many restrictions have had tragic consequences: on 18 August 2023, Alexandra (25), who was 3 months pregnant, died in a hospital in northern Romania after hours of agony due to lack of medical care.



During the **COVID-19 pandemic**, the country experienced an **alarming decline** in access to free and legal abortion. Hospitals were requested to cease non-urgent surgical operations, including abortions. Data reveal that at the height of the crisis, only 11 of the country's 280 hospitals were performing abortions.

In 2021, a survey revealed that **almost half of the 171 hospitals questioned do not perform abortion**, 51 of them for religious reasons. Access to abortion therefore remains restricted, especially for women in a precarious situation. The pressure exerted by anti-choice groups is omnipresent: it comes from doctors, the authorities, the political parties and is even present in the public space. **"Pregnancy crisis centres"** have also been set up.

In the European Union, Romania exhibits one of the highest rates of mothers of minority age. Sex education at school and access to contraception are also severely lacking.

## SLOVAKIA

Abortion is authorised **up to 12 weeks** on written request, following a mandatory consultation and a waiting period of 48 hours. **A period of at least 6 months must be observed between two abortions**, unless the woman is aged above 35 years, she already has two children or more, or if she is the victim of rape. **After 12 weeks**, abortion is authorised on medical indications and in the case of rape, up to 24 weeks.

**Minors** aged below 16 years must obtain parental authorisation and between 16 and 17 years, parents need only to be informed.

The **cost** of an abortion on request is very high. The cost of the abortion is assumed by the state only if it is performed on medical indications.



In 2019, the country experienced **several legislative attempts to limit access to abortion**, for example by obliging women to look at images of the foetus and to hear heartbeats, by increasing the mandatory waiting period from 48 to 96 hours, or by requesting a certificate from two doctors (instead of one) in the case of foetal anomalies. All were rejected, but the anti-choice campaigners remain very active.

During the latest examination of Slovakia in front of CEDAW, the experts stated that the illegality of the morning-after pill, the financial burden, and other measures are at risk of restricting access to abortion.

During the **COVID-19 crisis**, women experienced **very worrying limitations** of the right to abortion. In March 2020, the Minister of Health, Marek Krajčí, declared that “he did not advise” getting an abortion during the crisis.

## SLOVENIA

Abortion is authorised **up to 10 weeks** on request, and **beyond that** on medical indications following presentation before a multidisciplinary commission, comprised of two doctors and a social worker.

**Minors** must present parental authorisation, unless they have been recognised to be financially independent.

The cost of abortion **is not assumed** by the state.



During the COVID-19 crisis, abortion requests in Slovenia were treated as **essential healthcare**. According to representatives of the country's various medical services, women had optimal access to abortion services despite the pandemic restrictions.

## SPAIN

Since 2010, abortion has been authorised up to the **14<sup>th</sup> week of pregnancy** and up to **22 weeks** in the case of foetal malformation (with the agreement of two doctors) or risk to the woman's health (with the agreement of one doctor). **Beyond 22 weeks**, an abortion can only take place in the case of anomalies or of an extremely serious and incurable illness detected in the foetus. This diagnosis must be confirmed by a committee of doctors.

**Minors** aged below 16 years don't need to obtain an authorisation of their parents.

The cost of abortion is **assumed by the state** solely for residents and if it is performed by the public health services, but for numerous women, **enormous inequalities among the regions** complicate access to abortion. Only 15% of abortions are performed in public hospitals, since approximately **80% of doctors invoke the conscience clause** in order to refuse to perform abortion. However, agreements are in place between the private clinics and the public health services.



In 2022, a **new law** was voted in and now punishes any person who attempts to **obstruct the right to abortion**. In other words, harrasing a woman seeking an abortion is a criminal offence liable to a prison sentence or community service.

In 2023, new legislative changes **reinforced access to abortion** in public hospitals, allowing minors to obtain an abortion without authorisation from their parents from the age of 16 years and enshrining menstrual leave. That same year, the Spanish law on

abortion, in place since 2010, was deemed to be **in compliance with the Constitution** by the Spanish constitutional court, thus throwing out an appeal submitted by the centre-right Popular Party (PP) 12 years previously.

**Attempts at restricting access to abortion** are, however, numerous, as in the region of Castille and León where an alliance of conservatives from the PP with those from the far-right Vox announced its intention to oblige doctors to suggest that women seeking an abortion should listen to the foetus's heartbeat. That measure aims at "favouring birthrates and supporting families".

## SWEDEN

Abortion is authorised up to **18 weeks of pregnancy** on request and **beyond that**, on decision of a multidisciplinary commission, for "specific reasons": the woman's very young age, psychological problems or addiction, malformation of the foetus.

Although parental consent is not necessary for **minors**, girls are encouraged to talk about it with their parents.

The cost of abortion is **fully assumed by the state**, but women must pay hospital fees.

Sweden is one of the few European countries **to prohibit care-givers from refusing to perform abortion**.



In March 2020, the European Court of Human Right dismissed the complaint of two Swedish midwives who were not hired due to their refusal to perform abortions. With this decision, the ECHR took **an important step towards the protection of women's health and sexual and reproductive rights**, including access to certain types of care or affordable contraception.

Since the 2022 elections, proposals aimed at safeguarding access to abortion are multiplying and gaining ground. One of these is the proposal by the Christian Democratic party (KD) to enshrine abortion in the Swedish Constitution.

## SWITZERLAND

Abortion is authorised **up to 12 weeks** following mandatory consultation with a doctor on written request by the woman, who must declare herself in a **situation of distress**. **Beyond that**, a medical opinion is required, certifying the risk of serious impact on the physical integrity or to a state of profound distress of the pregnant woman. All abortions must be declared to the competent authorities for statistical reasons. The anonymity of the woman concerned is guaranteed and medical confidentiality must be complied with.

**Minors** are not obliged to obtain their parents' authorisation but they are under obligation to attend a medical consultation before having the abortion.

Abortion is **covered** by social security.



In 2019, Christian groups represented by the association **March for Life** submitted a petition comprising 24 000 signatures to the Swiss federal government, demanding education on the risks of abortion without “ideological blindness”. In response, the government defended the law in place.

In 2021, two members of the UDC party (Democratic Union of the Centre), a very conservative party, submitted **two initiatives for reducing the number of abortions**: to introduce a one-day period of reflection, and to grant the foetus a right to life from 22 weeks of pregnancy onwards. These initiatives, for which signatures were collected up to June, failed to attract enough signatures to bring the proposals to fruition.

In March 2023, the parliamentary initiative aimed at excluding abortion from the penal code was rejected. Some believe that this initiative was essentially symbolic, given the fact that no criminal prosecution had been brought for 20 years. However, others are of the opinion that it is a sexual health matter and that keeping abortion in the **penal code** attracts stigma.



## UNITED KINGDOM

In **Great Britain** (England, Scotland and Wales), abortion is authorised **up to 24 weeks of pregnancy** on social and economic indications, and beyond that for medical reasons. In that case, two doctors must attest that the woman's physical or mental health is at risk or that there is a risk for the foetus.

**Minors** aged below 16 years must obtain the authorisation of one of their parents.

**Abortion at home** up to 10 weeks of pregnancy was legalised definitively in 2022.

In **Northern Ireland**, abortion is authorised up to 10 weeks and up to 24 weeks if the pregnancy comprises "a risk to the physical or mental health of the pregnant woman" and beyond that in the case of serious foetal malformations. In reality, abortion is only possible up to 10 weeks, since the region possesses **no surgical abortion service**.

Abortion is almost fully **assumed** by the public health service. Abortion is accessible to women who do not reside in the United Kingdom. This possibility is especially used by women from Ireland.



The conviction of a mother of three under a suspended sentence, for having taken abortion pills several weeks after the legal limit, rekindled debates on the decriminalisation of abortions beyond the limit in Great Britain.

On the Isle of Man, abortion has been accessible **up to 14 weeks** since 2019.

Despite the new law in force in Northern Ireland, 161 women were obliged to travel to England in 2020 and 2021 in order to have access to abortion. As Northern Ireland has not taken any steps to increase its services since 2019, the British government decided to take legal measures in order to speed up the process. The British social security service **reimburses the costs of abortion for women who come from Northern Ireland**.

According to a 2022 survey by Amnesty International UK, half of the Northern Irish population is unaware that abortion is legal and only 10% of women know where to go if they are seeking an abortion.

The lines have been apparently shifting for several months: emotional and sex education lessons are now mandatory, anti-choice demonstrations outside abortion clinics will be banned from September 2023, and the British Secretary of State for Northern Ireland Chris Heaton-Harris promised continuous commitment to full abortion services in Northern Ireland.

## ABORTION ON THE INTERNATIONAL LEVEL

At the international and human rights level, safe and legal access to abortion is vital to guaranteeing women's fundamental rights, including the right to life, to non-discrimination, to equality, to health and to a private life. With that in mind, in March 2022, the World Health Organization (WHO) published new guidelines on the care associated with abortion, with the aim of safeguarding the health of women and girls and helping to put a stop to the 25 millions unsafe abortions that are performed in the world every year.

The UN also expressed its concerns about the consequences of restrictive laws on abortion: risky clandestine abortions and high rates of maternal mortality and morbidity. UN criteria also define restrictive laws on abortion as inhuman and degrading treatment.

At the European level, the jurisprudence of the European Court of Human Rights states that when a state allows abortion in certain situations, it must not structure its legal framework so as to limit the actual possibilities for accessing it.

In international law, the right to abortion stems from multiple texts and agreements, which include:

- the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979,
- the International Convention on the Rights of the Child of 1989,
- the International Conference on Population and Development (ICPD) of 1994,
- the International Covenant on Civil and Political Rights (ICCPR) of 1999,
- the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1979
- the Beijing Declaration and Platform for Action, the fourth United Nations global conference on women, of 1995.

RESPONSIBLE EDITOR

Benoît Van der Meerschen, Centre d'Action Laïque,  
Campus de la Plaine ULB, CP236,  
1050 Brussels

TEXT

Sylvie Lausberg and Justine Bolssens

LAYOUT

rumeurs.be

COVER ILLUSTRATION

Julie Pernet

CONTACT

[sylvie.lausberg@laicite.net](mailto:sylvie.lausberg@laicite.net)

September 2023

# For a genuine right to voluntary termination of pregnancy in Europe! Sign the petition



[www.abortionright.eu/signez/](http://www.abortionright.eu/signez/)

With the support of

