



**AMI
YOUTH
HELPLINE**



Asociația
Moașelor
Independente

REPORT ON ACCESS TO SAFE ABORTION

**PROBLEMS AND SOLUTIONS
FOR GUARANTEED ACCESS TO ABORTION IN ROMANIA**

Romania, March, 2024

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CONTEXT

The Independent Midwives Association (IMA) is a point of contact between women and the medical system.

Our medical expertise, together with the organization's mission to fight for the rights of women, especially vulnerable women, places us in the front line of intervention to ensure the respect of the sexual and reproductive rights of girls and women in Romania.



**Supporting women in their choices
about their own bodies**

AMI YOUTH HELPLINE

Starting in the fall of 2023, IMA opened the AMI Youth Helpline to provide girls, women and young people with science-based information about their bodies, health and safety: information for sex education, reproductive health counseling, education on consent and abuse prevention, facilitating access to safe healthcare, including telemedicine, case management and scheduling, access to contraception and abortion.

Our helpline +40 722 265 269 is operated by staff with medical background and training in beneficiary/patient-centered care according to World Health Organization standards, and with a gender-sensitive approach to the information they provide on gender equality and combating gender-based violence.

Our focus is on girls and boys aged 12-24 and vulnerable women over 25, survivors of gender-based violence and intimate partner violence, women with disabilities, women with no income and other vulnerable groups.

The AMI Youth Helpline is the only resource in Romania that provides information and solutions for navigating the reproductive health system and support for accessing health services and contraceptive and STI protection methods. As we aim to act as advocates for the rights and needs of young people, it is a priority to refer young people to medical units and doctors who will treat them with dignity and professionalism, while respecting safe medical standards.



+40 722 265 269



9:00 – 21:00
Monday - Sunday



LAUNCHED IN NOVEMBER 2023

For:

- ✓ **Girls and boys (12 - 24 years old)**
- ✓ **Vulnerable women (+25 years old)**
- ✓ **Survivors of gender-based violence and intimate partner violence**
- ✓ **Women with disabilities**
- ✓ **Women with no income and other vulnerable groups.**

RESEARCH

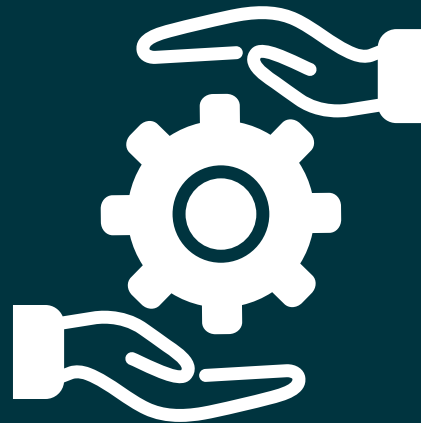
Research on access to abortion services
has a dual role:

1

To build a database for the IMA team that facilitates case management and referral of women to safe and verified medical services.

2

To contribute to raising awareness of the increasing year-on-year restriction of access to abortion in Romania.



RESEARCH

Women's rights organizations are constantly raising alarm bells on this issue, and Centrul Filia started monitoring accessibility in 2019¹ and continued in 2020 - 2021².

In November 2022, more than 250 Romanian and international organizations asked the Ministry of Health and the National Health Insurance House (CNAS) to pay for abortion on request³.

In November 2023, more than 200 civil society organizations from Romania and Europe asked the Minister of Health and CNAS to ensure free and universal access to contraception, emergency contraception and protection⁴.



The telephone survey completed in early 2024 continues civil society efforts to draw attention to the restriction of access to abortion and safe services for women.

The report does not aim to analyze the causes of worsening access to abortion - these issues are the subject of much-needed separate extensive research - but to present the state of play: where and how we can have a safe abortion in Romania in 2024.

The report does not aim to analyze the causes of worsening access to abortion - these issues are the subject of much-needed separate extensive research - but to present the state of play: where and how we can have a safe abortion in Romania in 2024.



1 Refuzul la efectuarea avortului la cerere în România. Raport de cercetare 2019, Centrul Filia

2 Refuzul la efectuarea avortului la cerere în România. Raport de cercetare 2020-2021, Centrul Filia

3 Peste 250 de organizații ale societății civile din România și internaționale cer ministrului Sănătății și CNAS decontarea procedurii de avort la cerere

4 Peste 200 de organizații ale societății civile din România și europene cer ministrului Sănătății și CNAS să asigure acces gratuit și universal la metode de contracepție, contracepție de urgență și protecție

METHODOLOGY

The data was collected by telephone, between November 2023 and February 2024, after online identification of 1,000 clinics and hospitals with obstetrics and gynecology departments in Romania, from all counties.

The medical units operate in public or private practice.

Out of the 1,000 units, 41 were eliminated due to identification of clinics/hospitals as duplicates, operation of the clinic exclusively as a collection point, re-profiling of the clinic to other specialties or retirement of the doctor.

Thus, the analysis of the figures takes into account a total of 959 medical units.

147 medical units, representing 15.32% of all selected units, did not answer the telephone or the telephone was not working.

Each medical unit was called at least 4 times, on different days and at different times of the day.

A telephone questionnaire was applied to the medical units, retracing the route that any patient who needs this service has:

- ✓ searching online for medical units;
- ✓ accessing the respective websites;
- ✓ finding telephone numbers.

At the time of the call, the operators identified themselves as calling from a non-governmental organization, requesting information on behalf of IMA beneficiaries.



QUESTIONS

- Is the abortion on request service available?
- If the service is not provided, what is the reason for refusal?
- What type of abortion is available?
- What is the number of weeks up to which it is offered?
- What type of anesthesia is used for surgical abortion?
- What procedure is used for surgical abortion?
- What are the working hours of the doctors providing this service?
- What is the method by which a patient can be scheduled?
- What is the age of the patient accepted for termination of pregnancy?
- Is there willingness to collaborate with IMA to pay for abortion services for our beneficiaries and provide the necessary medication?



KEY FINDINGS

SITUATION IN PUBLIC HOSPITALS

More than 80%
of the public medical units
in Romania **do not offer** abortion
services **or cannot be contacted**.

Only 7 public medical units (4%)
provide medical or surgical
abortion according to the
recommendations of medical
guidelines, pharmaceutical
prospectuses and national
legislation.

**No public medical unit provides
both types of abortion.**

111 out of 176
public medical units (63.6%)
nationwide **do not provide**
abortion services.

26 medical units (14.77%)
provide pregnancy termination
services **up to fewer weeks** than
the recommendations in medical
guidelines, prospectus and
national legislation.

32 medical units (18.18%)
did not answer the phone.

KEY FINDINGS

SITUATION AT NATIONAL LEVEL (public and private system)

552 out of 959 public and private medical units (57.55%) responded that they **do not provide** pregnancy termination services.

66 units (6.88%) provide either medical abortion up to 9 weeks, surgical abortion up to 14 weeks, or both.

142 medical units (14.8%) provide the medical abortion service on request, **but up to low pregnancy ages** (5 - 7 weeks for medical abortion or 7 - 10 weeks for surgical abortion), **with disregard** of the provisions of prospectuses, guidelines, **do not provide information** over the phone about the time limit up to which they provide medical abortion or surgical abortion, or **answered the phone aggressively**.

KEY FINDINGS

SITUATION AT NATIONAL LEVEL (public and private system)

52 medical units (5.42%) provide access to medical abortion up to 8 weeks of pregnancy or surgical abortion up to 13 weeks of pregnancy.

147 medical units (15.32%) did not answer the phone or the phone was not working.

90% of hospitals and clinics reported that they **do not refer women who request a termination of pregnancy on request, although this obligation is expressly laid down in the Code of Ethics for Doctors (Article 34).**

Of those who stated that they refer patients to other medical units, more than half provided information on referral routes to clinics and hospitals where this service is not actually available.

RESULTS

142 medical units, representing 14.8% of those contacted, provide the medical abortion service on request, but up to low pregnancy ages (5 - 7 weeks for medical abortion or 7 - 10 weeks for surgical abortion), with disregard for the provisions of the prospectus, guidelines⁵ (9 weeks for medical abortion or the legal deadline of 14 weeks until which pregnancy can be terminated), do not provide information over the phone about the deadline by which they provide medical abortion or surgical abortion or have responded aggressively over the phone.

552 (57.55%) of clinics and hospitals responded that they do not provide abortions.



Among the reasons for refusal:

- We direct them to keep the pregnancy.
- It's their business where they go, they have plenty of choices.
- We don't redirect, we monitor the pregnancy.
- Because that's the doctors' choice, it's the patients' right, but it's not the doctors' obligation.
- Call the DSP for information and referral.
- I don't agree and I don't refer patients anywhere, here we bring life into the world, not take it, we have another role here.
- Seek behavior check, you're calling me on The Epiphany.
- Nothing is done for abortion, but everything is to be done to keep the baby.



RESULTS

In most cases, patients are not referred: 90% of hospitals and clinics reported that they do not refer women who request a termination of pregnancy on request, although this obligation is expressly laid down in the Code of Ethics for Doctors⁶ Article 34:

“Doctors shall explain to the person concerned the reasons for their refusal, shall ensure that the refusal to provide medical services does not endanger the life or health of the person concerned and, if the refusal is based on a violation of their moral convictions, shall refer the person concerned to another colleague or another medical unit.”

Of those who said they refer patients to other medical units, more than half provided information on referral routes to clinics and hospitals where this service is not, in fact, available.

Some of the doctors or representatives of clinics and hospitals were aggressive on the phone, for example: they raised their voices to our operators, they scolded and said that this information was not public, they hung up the phone abruptly after explaining that they would never offer such services.

The authors recommend further data collection on the methods used by medical units for surgical abortion and the type of anesthesia used because, in some cases, the responses received did not come directly from those providing these services, but from clinic receptionists, nurses or other staff.

Also, in each hospital/clinic there are different facilities, different availability of the human resource needed to provide anesthesia and post-surgical abortion care, less or more possibilities for intervention in case of complications and different access to transfusions. These different resources, together with the lack of training and up-to-date practice of medical staff based on the latest evidence, national or European and international guidelines, make it impossible to provide this service uniformly and safely at national level.



⁶ Codul de deontologie medicală al Colegiului Medicilor din România în vigoare de la 6 ianuarie 2017

ACCESS

66 clinics and hospitals (6.88% of all those contacted) were identified as providing either medical abortion up to 9 weeks, surgical abortion up to 14 weeks, or both. These medical units comply with the recommendations of medical guidelines, the prospectus and the national legislation. Of these, 7 are public units and 59 are private, and of the public ones none offers both types.

Another 52 medical units (5.42% of those contacted) provide access to medical abortion up to 8 weeks of pregnancy or surgical abortion up to 13 weeks of pregnancy, and the access they offer is not optimal, but will remain highlighted in the mapping of services so that we can provide our beneficiaries with the options available at county level, even if they are not ideal.

In more than half of the cases, the type of anesthesia provided for surgical abortion does not comply with WHO recommendations.⁷

Suction abortion is offered in few units, although this is the standard to be achieved by all hospitals and clinics providing abortion on request and/or for medical reasons, as recommended by the World Health Organization.

Only 3 private medical units offer abortion services according to the guidelines, the prospectus and the national legislation:

- ✓ medical abortion up to 9 weeks;
- ✓ surgical abortion up to 14 weeks.



RESULTS

Situation in Public Hospitals in Romania

Of the 959 units contacted, 176 are public hospitals. Of these, 32 units (18.18%) did not answer the phone.

Only 7 units (4%) stated that they provide either medical abortion up to 9 weeks or surgical abortion up to 14 weeks, according to the guidelines, the prospectus and the national legislation.

26 facilities (14.77%) provide termination of pregnancy up to 14 weeks for surgical abortion and 9 weeks for medical abortion.

The majority of state hospitals and clinics in Romania do not offer this medical service: 111 units (63.06% of the total number of public units).

Cost and/or Discrimination Barriers

Abortion on request and therapeutic abortion are medical services provided for a fee in both the public and private systems.

The only procedures covered by the national health insurance system are ongoing abortions and care for impending abortion.

Basically, even if a victim of sexual assault needs medical services to terminate a pregnancy, they will be provided for a fee if there is access in the county.

The only exceptions to paid abortion for these cases are related to the involvement of some doctors who are looking for ways to have the procedure listed differently in diagnostic codes so that it can be paid for from public funds. This issue reveals the systemic barriers faced by doctors as well.

BARRIERS

The price of a medical abortion is up to LEI 1,800 and that of a surgical abortion up to LEI 4,800.

All patients, and especially those who need to travel to another county for this service, need clear information about the weeks of pregnancy up to which medical units provide abortions and about prices, but over 70 of Romania's hospitals and clinics do not provide this information over the phone.

Some clinics and hospitals are unaware that the legal limit in Romania is 14 weeks and misinform patients about this.

There are many risks related to consultations in a doctor's office or hospital where the data is not available: targeted counselling offered by some of the medical professionals who abusively urge women to keep the pregnancy, forcing the woman to listen to the embryonic or fetal heart, extremely high costs of the consultation not previously disclosed, giving false information about the legal limit of pregnancy termination in Romania, directing women to "pregnancy crisis" centers with which some of the medical units collaborate.

Of the clinics and hospitals that agree to provide abortions, only 17 accept people aged between 16 and 18 without a legal guardian. 73 of the units do not accept and are not informed or do not comply with the age of consent legislation for reproductive health.

Some medical units told us that they do not want to work with vulnerable people because they are more at risk: *"We don't accept pills from you, we don't deal with social cases because they are more prone to infections. You can refer patients, but we reserve the right to choose or refuse certain clients"*.



CONCLUSIONS

The Independent Midwives Association's medical expertise has guided all research. Knowledge of national and international guidelines on abortion procedures facilitated the questioning of medical units not only in terms of access to abortion (quantitative data), but also in terms of medical information on types of abortion performed, anesthesia and procedure for surgical abortion (qualitative data).

The novelty that our research proposes comes precisely from the desire to gather information on both the quantity and the quality of the medical act and its compliance with safety standards.

66 clinics and hospitals were identified as providing either medical abortion up to 9 weeks, surgical abortion up to 14 weeks, or both. These medical units comply with the recommendations of the medical guidelines, the prospectus and the national legislation. Of these, 7 are public units and 59 are private.

Over 80% of the public medical units do not provide abortion services or cannot be contacted. Only 7 units (4%) provide one of the two types of abortion up to 9 weeks (medical abortion) or 14 weeks (surgical abortion).

Of the clinics and hospitals that do offer abortion, only 17 responded that they accept people aged 16 to 18 without a legal guardian.

The conscience clause is not the main reason for refusing to provide abortions, as some of the public hospitals reported that doctors in those hospitals provide this medical service, but in a private setting.

We are also aware, from discussions which we will keep anonymous, of the inability of many doctors to provide abortion services in public hospitals because of restrictions imposed by the management of the medical units.

CONCLUSIONS

The Code of Ethics of Doctors and the United Nations Organization's recommendations for Romania specify the need to refer patients to another colleague or another medical unit, if the refusal is based on a violation of the doctors' moral convictions.

Some of the arguments received refer to the lack of facilities in hospitals. Medical units currently providing caesarean deliveries are generally adequate, both in terms of facilities and human resources, to provide safe surgical abortion, but still refuse to provide this service.

Medical abortion could be provided by any obstetrics and gynecology clinic or hospital in Romania.

Access to abortion may be easy for some people who need it. This is due to the privileges that some people have, such as: access without being discriminated against on the basis of ethnicity, income, social or educational status, having a collaboration with a particular doctor for several years, subscriptions in private clinics, access to information and the knowledge to filter information about how and where

they can find safe abortion services, a financial status that allows them to pay amounts of LEI 2,000, LEI 3,000 or more than LEI 4,000 for a pregnancy termination.

In Romania, there are many girls and women who do not know the procedures, do not have access to information, do not have a doctor, cannot afford to travel to another county and pay thousands of lei for an abortion.

The more vulnerability or intersection of vulnerabilities these people have, the greater the risk that they will be left without the care they need and, as a consequence, become forced mothers.



CONCLUSIONS

The Independent Midwives Association has been working with hundreds of beneficiaries over the past two years for care and support on abortion and/or contraception.

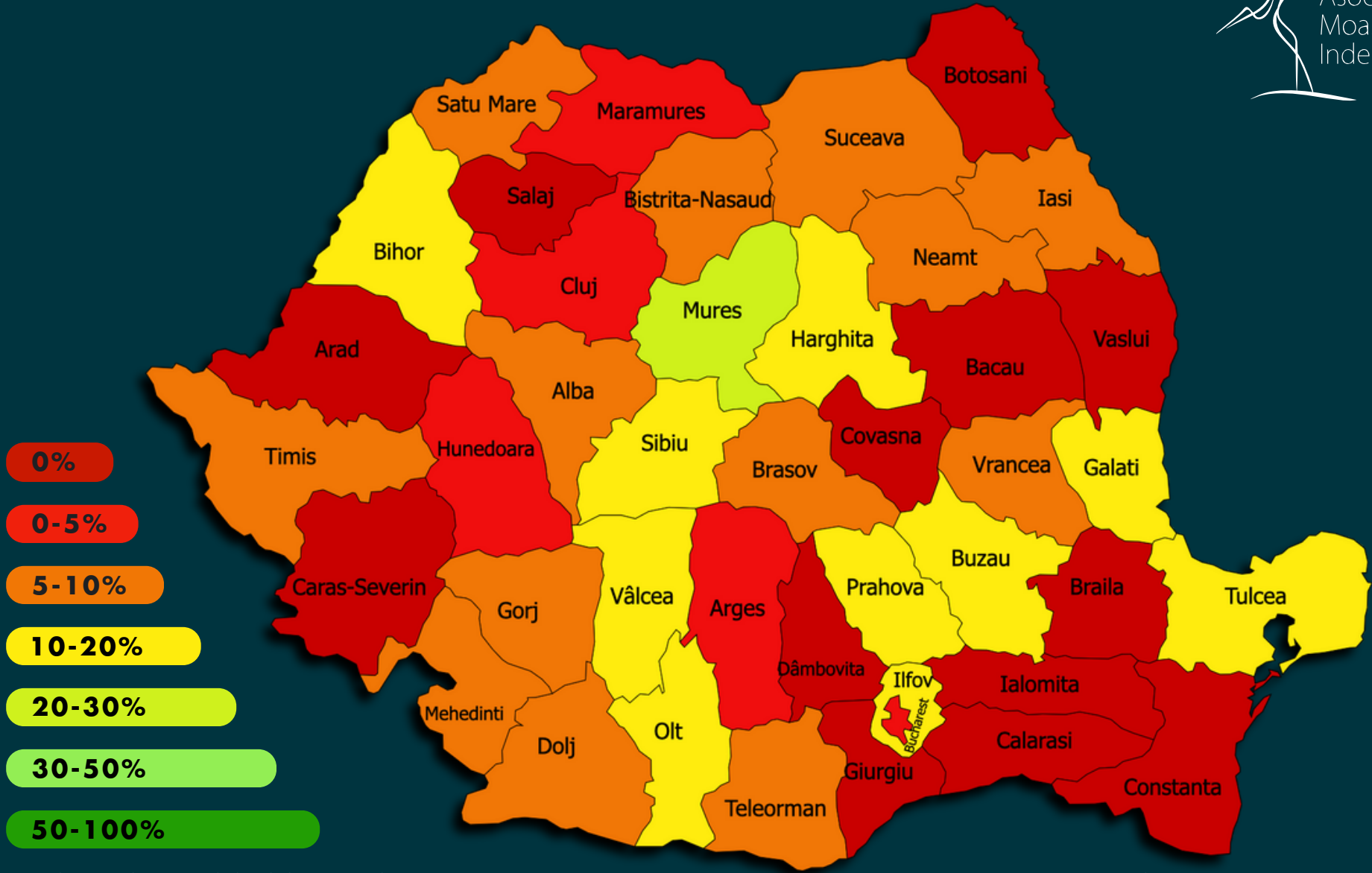
Sometimes they just need safe guidance because, although they are people who have access to information, have financial resources, can travel, yet the clinics they accessed provided them with false, harmful information and they did not receive the support they needed for the service they needed.

We often work with women who are vulnerable, women with no income, women in abusive relationships, Roma women, women with disabilities, women in shelters, women who already have 3 children at 22, women who have 12 children at 38, women who have not had access to a single day of school, 17-year-old girls who are pregnant as a result of sexual abuse, 20-year-old students for whom contraception has not worked.

A girl/woman's reason for having an abortion is personal and we will continue to support those who want a child now, those who do not want a child now and those who do not want a child at all.

Every woman must be able to choose how she plans her reproductive life and not be forced to have a child or children she does not want and cannot raise.

ABORTION ACCES MAP



ABORTION ACCESS REACH

ROMANIA, MARCH, 2024

RECOMMENDATIONS

- • Introduction of a cap fee on the abortion procedure and the prescription of medical abortion in all hospitals and outpatient clinics of the public health system.
- • Settlement payment by the state of the consultation and prescription of medical abortion and of the surgical abortion procedure for therapeutic abortions, including for rape victims and for people with no income, minors and the disabled.
- • Settlement payment by hospitals and hospital provision of emergency contraception for all victims of sexual assault.
- • Ongoing training of doctors in medical abortion.
- • Elaboration of clinical guidelines for surgical abortion in line with World Health Organization guidelines.
- • Offering of a helpline in partnership with the Government/SOGR/ANES/Ministry of Health for information and support on medical abortion for both health professionals and patients.
- • Launching of a website/online platform in partnership with the Government/SOGR/ANES/Ministry of Health with information on access to medical and surgical abortion.

RECOMMENDATIONS

- • Settlement payment by the state of contraceptives and methods of protection against sexually transmitted infections.
- • Implementation in practice, through protocols and procedures adopted at the level of medical units, of referral when doctors refuse to provide abortion on request.
- • Obligation for public medical units to have at least one employed or collaborating doctor to provide medical abortion and surgical abortion services.
- • Training of medical staff on the legal age of consent for reproductive health and on sexual and reproductive rights.

ACCESS TO ABORTION BY COUNTY



ALBA 10%

MEDICAL UNITS: 20
REFUSAL: 10 (50%)
NO RESPONSE: 1 (5%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 2 (10%)
MA 8 WEEKS: 4 (20%)
SA 13 WEEKS: 0
**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (15%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*We only do therapeutic
abortion.*

*We don't do it...
Only therapeutic.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



ARAD
0%

MEDICAL UNITS: 23

REFUSAL: 12 (52.17%)

NO RESPONSE: 7 (30.43%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 1 (4.35%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (13.04%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



ARGEȘ
5%

MEDICAL UNITS: 20
REFUSAL: 14 (70%)
NO RESPONSE: 1 (5%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 1 (5%)
MA 8 WEEKS: 2 (10%)
SA 13 WEEKS: 0
MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (10%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*They just don't
do them anymore.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BACĂU 0%

MEDICAL UNITS: 25

REFUSAL: 16 (64%)

NO RESPONSE: 4 (16%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 1 (4%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (16%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BIHOR 20%

MEDICAL UNITS: 20
REFUSAL: 13 (65%)
NO RESPONSE: 1 (5%)

ABORTION IN PUBLIC SYSTEM: 1 (5%)
ABORTION IN PRIVATE SYSTEM: 3 (15%)
MA 8 WEEKS: 1 (5%)
SA 13 WEEKS: 0

MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (5%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*I can't provide such information
over the phone, you must make
a request to the secretariat.*

Doctors don't want to do it.

*We don't do it,
for religious reasons.*

*We don't have a contract with the
health insurance state fund, we
only have an outpatient clinic.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BISTRIȚA NĂSĂUD 6.25%

MEDICAL UNITS: 16

REFUSAL: 12 (75%)

NO RESPONSE: 1 (6.25%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (6.25%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (12.5%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

We don't have time to talk.

Only therapeutic.

*Our doctor is from the Gaza Strip,
she/he only does therapeutic.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BOTOȘANI 0%

MEDICAL UNITS: 21

REFUSAL: 14 (66.67%)

NO RESPONSE: 6 (28.57%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (4.76%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BRĂILA
0%

MEDICAL UNITS: 10

REFUSAL: 4 (40%)

NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 6 (60%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BRASOV 7.41%

MEDICAL UNITS: 27

REFUSAL: 19 (70.37%)

NO RESPONSE: 4 (14.81%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (7.41%)

MA 8 WEEKS: 1 (3.7%)

SA 13 WEEKS: 1 (3.7%)

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 0**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*I'm not the manager to know
why it's not done, it's only
done in the private system,
not in the public one.*

*Not on request, unless
it's a health issue.*

It's not done.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BUCHAREST 4.7%

MEDICAL UNITS: 149
REFUSAL: 94 (63.09%)
NO RESPONSE: 26 (17.45%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 7 (4.7%)
MA 8 WEEKS: 7 (4.7%)
SA 13 WEEKS: 0
MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 15 (10.07%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*Like that, for no
reason.*

*They haven't been done for
a long time, I don't know
why or if they are sent
elsewhere.*

*They're not done on
request.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



BUZĂU 15%

MEDICAL UNITS: 20

REFUSAL: 12 (60%)

NO RESPONSE: 2 (10%)

ABORTION IN PUBLIC SYSTEM: 1 (5%)

ABORTION IN PRIVATE SYSTEM: 2 (10%)

MA 8 WEEKS: 1 (5%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (10%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*They are done in private
practices,
we don't do them,
I can't tell you why.
I have no one to refer you to,
you have to talk to our bosses.*

*We haven't done anymore
for several reasons,
we didn't consider it an
emergency.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



CĂLĂRAȘI
0%

MEDICAL UNITS: 11

REFUSAL: 8 (72.73%)

NO RESPONSE: 2 (18.18%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (9.09%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*The decision is long overdue,
they haven't been doing them
for a long time.*

*Therapeutic only,
we only have one lady
gynaecologist and she doesn't
want to do it.*

*You must send an e-mail
because we cannot give you
this information over the phone.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



CARAȘ-SEVERIN 0%

MEDICAL UNITS: 16
REFUSAL: 9 (56.25%)
NO RESPONSE: 2 (12.5%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 2 (12.5%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (18.75%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

We don't do them.

*You have to send us a request by
e-mail so that we can reply to
you.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



CLUJ
4.76%

MEDICAL UNITS: 42

REFUSAL: 23 (54.76%)

NO RESPONSE: 4 (9.52%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (4.76%)

MA 8 WEEKS: 3 (7.14%)

SA 13 WEEKS: 1 (2.38%)

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 9 (21.43%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

Nobody knows the price.

*Few doctors do it,
in fact they don't do it at
all.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



CONSTANȚA 0%

MEDICAL UNITS: 17
REFUSAL: 7 (41.18%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 3 (17.65%)

SA 13 WEEKS: 0

MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 7 (41.18%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

You must submit a letter to the management or come to the hospital to give you this information, by phone I don't know who you are and I can't tell you. It's not malicious, but we are a public institution and I can't give you the information you requested over the phone.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



COVASNA 0%

MEDICAL UNITS: 9

REFUSAL: 3 (33.33%)

NO RESPONSE: 3 (33.33%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 1 (11.11%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (22.22%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



DÂMBOVIȚA 0%

MEDICAL UNITS: 17
REFUSAL: 14 (82.35%)
NO RESPONSE: 2 (11.76%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 0
MA 8 WEEKS: 1 (5,88%)
SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 0**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

We don't do that on request.

*I don't and neither do other
doctors in the hospital,
I can't tell you a reason.
At the hospital we only do
therapeutic abortions.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



DOLJ
6.06%

MEDICAL UNITS: 33

REFUSAL: 21 (63.64%)

NO RESPONSE: 3 (9.09%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (6.06%)

MA 8 WEEKS: 1 (3.03%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 6 (18.18%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*Nothing is done for abortion,
it is done to keep the baby.*

*They are done at private
clinics, and hospitals only do
them for aborted pregnancies
in progress/incomplete
pregnancies.*

I can't give you a reason.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



GALAȚI
14.29%

MEDICAL UNITS: 7
REFUSAL: 2 (28.57%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (14.29%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (57.14%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



GIURGIU 0%

MEDICAL UNITS: 7

REFUSAL: 5 (71.43%)

NU AU RĂSPUNS: 1 (14.29%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (14.29%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

We don't really want to do abortions, especially in advanced pregnancies, we convince them to keep the pregnancy.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



GORJ
5.88%

MEDICAL UNITS: 17
REFUSAL: 13 (76.47%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 1 (5.88%)

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 2 (11.76%)

SA 13 WEEKS: 0

MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (5.88%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

No, we don't do any type.

We just don't.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



HARGHITA 11.11%

MEDICAL UNITS: 9

REFUSAL: 2 (22.22%)

NO RESPONSE: 2 (22.22%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (11.11%)

MA 8 WEEKS: 1 (11.11%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (33.33%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*Because this is the doctors' choice,
it is the patients' right,
indeed, but it's not an obligation
for the doctors.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



HUNEDOARA 3.7%

MEDICAL UNITS: 27

REFUSAL: 23 (85.19%)

NO RESPONSE: 1 (3.7%)

ABORTION IN PUBLIC SYSTEM: 1 (3.7%)

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 1 (3.7%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (3.7%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*It can't be done in public units,
but only in private practice.
In the public units, they can come for
consultation and, if necessary,
they can come to my private practice
for an abortion.*

*The doctors here simply don't do
abortions.*

*These are official data, a request has
to be sent to the manager and from
there she/he gives an official answer,
I don't want to give you the data over
the phone.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



IALOMIȚA 0%

MEDICAL UNITS: 11

REFUSAL: 6 (54.55%)

NO RESPONSE: 2 (18.18%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (27.27%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



IASI
6.67%

MEDICAL UNITS: 30

REFUSAL: 16 (53.33%)

NO RESPONSE: 4 (13.33%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (6.67%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 8 (26.67%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

They are only done in private.

*They don't do interruptions in
our hospital, and I'm not the
person to discuss such
information with.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



ILFOV
13.04%

MEDICAL UNITS: 23

REFUSAL: 12 (52.17%)

NO RESPONSE: 2 (8.7%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 3 (13.04%)

MA 8 WEEKS: 2 (8.7%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (17.39%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

***You must send an e-mail
to receive an answer,
I don't give such information
over the phone.***



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



MARAMUREȘ 4.17%

MEDICAL UNITS: 24

REFUSAL: 9 (37.5%)

NO RESPONSE: 8 (33.33%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (4.17%)

MA 8 WEEKS: 3 (12.5%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (12.5%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



MEHEDINȚI 8.33%

MEDICAL UNITS: 12

REFUSAL: 8 (66.67%)

NO RESPONSE: 3 (25%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (8.33%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 0**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



MUREȘ
22.22%

MEDICAL UNITS: 9

REFUSAL: 3 (33.33%)

NO RESPONSE: 3 (33.33%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (22.22%)

MA 8 WEEKS: 0

SA 13 WEEKS: 1 (11.11%)

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 0**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



NEAMȚ
9.09%

MEDICAL UNITS: 22

REFUSAL: 10 (45.45%)

NO RESPONSE: 6 (27.27%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (9.09%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (18.18%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*Let me be clear: it is not done in
any way, don't ask that question
again.*

*For one thing you have to talk
with the management,
who issued a document
some time ago
stating the reason for refusal.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



OLT
11.11%

MEDICAL UNITS: 18

REFUSAL: 7 (38.89%)

NO RESPONSE: 4 (22.22%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (11.11%)

MA 8 WEEKS: 3 (11.11%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (16.67%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

*No, definitely not.
Try in the private system.*

*Doctors may possibly
recommend medical abortion
at the consultation,
but abortion on request
certainly not.*

*There was only one doctor
who did it, now she/he
doesn't.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



PRAHOVA 20%

MEDICAL UNITS: 45

REFUSAL: 23 (51.11%)

NO RESPONSE: 5 (11.11%)

ABORTION IN PUBLIC SYSTEM: 2 (4.44%)

ABORTION IN PRIVATE SYSTEM: 7 (15.66%)

MA 8 WEEKS: 2 (4.44%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 6 (13.33%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

***They don't do them, you have
to call the hospital
management,
you can find the number on our
website.***

*(A/N - There is no management phone number
on their website.)*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



SĂLAJ
0%

MEDICAL UNITS: 18

REFUSAL: 10 (55.56%)

NO RESPONSE: 6 (33.33%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 1 (5.56%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (5.56%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



SATU MARE 7.69%

MEDICAL UNITS: 13
REFUSAL: 10 (76.92%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (7.69%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (15.38%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*We do only therapeutic,
we don't do on request.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



SIBIU
13.79%

MEDICAL UNITS: 29

REFUSAL: 10 (34.48%)

NO RESPONSE: 9 (31.03%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 4 (13.79%)

MA 8 WEEKS: 1 (3.45%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 5 (17.24%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*Our doctor doesn't do it at all
on request, he's a newcomer
and he doesn't.*

*They don't do them. Come to
the hospital and speak to the
head of the ward in person, as
I can't tell you the reason
over the phone.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



SUCEAVA 5.56%

MEDICAL UNITS: 36

REFUSAL: 23 (63.89%)

NO RESPONSE: 6 (16.67%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 2 (5.56%)

MA 8 WEEKS: 1 (2.78%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (11.11%)**

**MA: Medical Abortion
SA: Surgical Abortion
W: Weeks**

REASONS FOR REFUSAL

Only in private practices, not in the hospital. Here we bring life into the world, we don't take it, we have another role here.

In this hospital they are not done on request, because we do not have space for curettage, and medical abortion could be prescribed in extraordinary situations, but the patient must be admitted and monitored.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



TELEORMAN 7.14%

MEDICAL UNITS: 14
REFUSAL: 8 (57.14%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 1 (7.14%)

MA 8 WEEKS: 2 (14.29%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (21.43%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*The doctor does it in his private
practice, but not in the hospital.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



TIMIS
9.38%

MEDICAL UNITS: 32

REFUSAL: 13 (40.63%)

NO RESPONSE: 5 (15.63%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 3 (9.38%)

MA 8 WEEKS: 1 (3.13%)

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 10 (31.25%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*No, no way. Please don't ever
have an abortion, I made that
mistake and I regret it very
much, please listen to me and
don't do that.*



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



TULCEA 16.67%

MEDICAL UNITS: 6
REFUSAL: 1 (16.67%)
NO RESPONSE: 0

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 1 (16.67%)
MA 8 WEEKS: 0
SA 13 WEEKS: 0
MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 4 (66.67%)

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*They are only done in private
practice.*

”

ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



VÂLCEA
13.64%

MEDICAL UNITS: 22

REFUSAL: 12 (54.55%)

NO RESPONSE: 4 (18.18%)

ABORTION IN PUBLIC SYSTEM: 1 (4.55%)

ABORTION IN PRIVATE SYSTEM: 2 (9.09%)

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 3 (13.64%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

No abortions are performed.

No abortion is done.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



VASLUI
0%

MEDICAL UNITS: 15

REFUSAL: 9 (60%)

NO RESPONSE: 4 (26.67%)

ABORTION IN PUBLIC SYSTEM: 0

ABORTION IN PRIVATE SYSTEM: 0

MA 8 WEEKS: 0

SA 13 WEEKS: 0

**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 2 (13.33%)**

MA: Medical Abortion

SA: Surgical Abortion

W: Weeks

REASONS FOR REFUSAL

Only private practices.



ROMANIA, MARCH, 2024

ACCESS TO ABORTION BY COUNTY



VRANCEA 5.88%

MEDICAL UNITS: 17
REFUSAL: 12 (70.59%)
NO RESPONSE: 3 (17.65%)

ABORTION IN PUBLIC SYSTEM: 0
ABORTION IN PRIVATE SYSTEM: 1 (5.88%)
MA 8 WEEKS: 0
SA 13 WEEKS: 0
**MA OR SA < 8 W AND 13 W
OR REFUSE TO PROVIDE INFO: 1 (5.88%)**

MA: Medical Abortion
SA: Surgical Abortion
W: Weeks

REASONS FOR REFUSAL

*Our lady doctor doesn't do
abortions on request.*

*There is only one gynaecologist
with a different religious
orientation.*

*We haven't done it for a few
years due to logistical problems.*



ROMANIA, MARCH, 2024

USEFUL RESOURCES

I. LEGISLATION

Law No 46/2003 on Patients' Rights provides in Chapter

V – Patients' Reproductive Rights:

Art. 26 – Any woman's right to life prevails if pregnancy is a major and immediate risk factor for the mother's life.

Art. 27 – Any patient has the right to information, education and services necessary for the development of a normal sexual life and reproductive health, without any discrimination.

Art. 28 - (1) Any woman's right to decide whether or not to have children is guaranteed, except in the case referred to in Art. 26.

(2) Any patient, through health services, has the right to choose the safest methods of reproductive health.

(3) Every patient has the right to effective and safe methods of family planning.

On access to reproductive health services for minors, Law No 95/2006 - Art. 661 states:

The legal age for giving informed consent is 18 years.

Minors may express their consent in the absence of their parents or legal representative in the following cases:

- a) emergency situations, when their parents or legal representative cannot be contacted and the minor has the necessary discernment to understand the medical situation in which they find themselves;
- b) medical situations related to the diagnosis and/or treatment of sexual and reproductive problems, at the express request of the minor over 16 years of age.

The Code of Ethics of Doctors (Codul de deontologie medicală) of The Romanian College of Doctors of 04.11.2016 has the following provisions in Art. 34 - Refusal to provide medical services:

(1) Refusal to provide medical assistance may take place strictly under the conditions of the law or if the request made by the person in question asks the doctor for acts likely to undermine his professional independence, affect their image or moral values or the request is not in accordance with the fundamental principles of the practice of the medical profession, with the purpose and social role of the medical profession.

USEFUL RESOURCES

(2) In all cases, the doctor shall explain to the person concerned the reasons for their refusal, shall ensure that the person's life or health is not endangered by the refusal of medical services and, to the extent that the refusal is based on a violation of their moral convictions, shall refer the person concerned to another colleague or another medical unit.

The Penal Code provides in Art. 201 – Interruption of Pregnancy:

(1) Interruption of pregnancy committed in any of the following circumstances:

- (a) outside medical institutions or medical practices authorized for this purpose;
- b) by a person who is not a doctor specializing in obstetrics and gynecology and is not authorized to practice as a doctor in this specialty;
- c) if the age of pregnancy has exceeded fourteen weeks, shall be punishable by imprisonment for a term of 6 months to 3 years or a fine and disqualification from exercising certain rights.

(2) Interruption of pregnancy under any circumstances without the consent of the pregnant woman shall be

punishable by imprisonment for a term of 2 to 7 years and disqualification from exercising certain rights.

(3) If, by the acts referred to in para. (1) and (2), bodily harm has been caused to the pregnant woman, the penalty shall be imprisonment for a term of 3 to 10 years and disqualification from exercising certain rights, and if the act has resulted in the death of the pregnant woman, the penalty shall be imprisonment for a term of 6 to 12 years and disqualification from exercising certain rights.

(4) When the acts were committed by a doctor, in addition to imprisonment, the prohibition to exercise the profession of doctor shall be imposed.

(5) Attempts to commit the offences referred to in para. (1) and para. (2) shall be punishable.

(6) It shall not be an offence to interrupt the course of pregnancy for therapeutic purposes by an obstetrics and gynecology doctor up to the age of twenty-four weeks of pregnancy or to interrupt the course of pregnancy for therapeutic purposes in the interests of the mother or the fetus.

(7) A pregnant woman who terminates her pregnancy shall not be punished.

USEFUL RESOURCES

II. MEDICAL GUIDELINES

[Clinical Practice Handbook for Quality Abortion Care](#) – World Health Organization, 2023

[Abortion Care Guideline](#) - World Health Organization, 2022

[Avortul Medicamentos](#) - Romanian Society of Obstetrics and Gynecology; The Romanian College of Doctors, 2019

[Clinical Policy Guidelines for Abortion Care](#) – National Abortion Federation, 2022

III. REPORTS AND RESEARCHES

[Sexual and Reproductive Health and Rights in Europe. Progress and challenges](#), 2024, Council of Europe, Commission for Human Rights

[Contraception Policy Atlas Europe](#), 2023, European Parliamentary Forum for Sexual & Reproductive Rights

[Report submission for the UN Human Rights Universal Periodic Review](#), 2023, Coaliția pentru Egalitate de Gen

[Percepții cu privire la introducerea educației sexuale în școli](#), 2022, Societatea de Educație Contraceptivă și Sexuală SECS

[Refuzul la efectuarea avortului la cerere în România. Raport de cercetare 2020-2021](#), Centrul Filia

[European Abortion Policies Atlas](#), 2021, European Parliamentary Forum for Sexual & Reproductive Rights

[Refuzul la efectuarea avortului la cerere în România. Raport de cercetare 2019](#), Centrul Filia

[Raportul asupra României emis de Comitetul ONU pentru eliminarea discriminării femeilor \(CEDAW\)](#) 2017

USEFUL RESOURCES

IV. WOMEN'S RIGHTS NGO DEMANDS

Ministerul Sănătății a ratat și în 2024 să asigure accesul la contraceptive și să protejeze femeile și tinerii | De peste 10 ani, populația din România nu are acces la metode de contracepție și protecție împotriva infecțiilor cu transmitere sexuală - 2024

Peste 200 de organizații ale societății civile din România și europene cer ministrului Sănătății și CNAS să asigure acces gratuit și universal la metode de contracepție, contracepție de urgență și protecție: Protejați femeile, fetele și tinerii din România de sarcini nedorite și infecții cu transmitere sexuală - 2023

28 Septembrie – Protest la Ministerul Sănătății de Ziua Internațională a Accesului la Avort în Siguranță - 2023

De 8 martie, femeile ies în stradă și cer avort gratuit, în spitale publice și în condiții sigure - 2023

Femeile refugiate din Ucraina se întorc temporar acasă pentru servicii de sănătatea reproducerii pe care nu le pot accesa în anumite părți din UE - 2023

Peste 250 de organizații ale societății civile din România și internaționale cer ministrului Sănătății și CNAS decontarea procedurii de avort la cerere: Asigurați accesul gratuit la servicii medicale sigure și protejați femeile - 2022

Apel la acțiune pentru guvernele țărilor din Europa de Est: protejați drepturile sexuale și reproductive ale refugiatelor din Ucraina - 2022

Douăzeci de ONG-uri solicită respectarea dreptului femeilor la avort în unitățile medicale de Stat - 2021

S.O.S dreptul la avort! - Doar 12 spitale publice fac avorturi la cerere în perioada pandemiei – 2020

Apel de urgență pentru educație sexuală în școli - 2015



**Supporting women
in their choices about
their own bodies**



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