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Termination of pregnancy demand on the rise among displaced women in Greece

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Background: An estimated 60,000 displaced persons are currently stranded in Greece. MSF opened a project in Athens in April 2016, offering health services first within two camps and – starting mid-September – at a Day Care Center in the city center (DCC). The DCC provides sexual and reproductive health and mental health services. The medical team supports women who wish to terminate their pregnancy (ToP), by providing an initial medical consultation, a cultural mediation service as well as by helping with administrative procedures. In Greece, ToP on request is legal until 12 weeks of gestation, but prior to a hospital appointment for ToP, a woman must provide blood test results, an electrocardiogram, and an ultrasound, all performed on different days and in different places. Here, we describe the first months of ToP referral activity in the context of ongoing data collection.

Methods: We analyzed retrospectively routinely collected data on women presenting at the DCC for a ToP-related consultation from May 2016 through September 2017.

Results: Between 04 May 2016 and 21 September 2017, 62 women presented at the DCC for a ToP-related consultation (55 performed (89%). Women were aged between 17 and 42 years (average 27 years) and were mostly from Afghanistan (36%) and Syria (28%). Gestational age for women who requested ToP was between 4 and 12 weeks (average 7 weeks). Of those, 55 were performed, among others, 3 were cancelled (patient change of mind) and one case has not yet been resolved. The delay between request and TPR was less than 1 week for the majority. Since January 2017 requests for ToP have sharply increased. We will continue to collect and analyze forthcoming data.

Conclusion: We describe MSF activity in facilitating access to ToP for vulnerable women. Outcomes so far have been largely positive. The demand has been increasing over the last months, likely as a result of awareness of the service provided and also because the DCC may provide a safer environment than the camp settings for women to request a ToP. Refugee and migrant women have very real needs in terms of contraception. The potential association of these needs with sexual violence and its compounded impact on women's mental health warrants further explanation.

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