Associació Asociación

SALUT I FAMILIA

THE IMPACT OF A LEGAL RESTRICTIVE ABORTION REFORM IN SPAIN ON PUBLIC HEALTH AND BASIC RIGHTS

Barcelona September 2014

Eppur si Mouve

And yet it moves

Galileo Galilei, Rome, 1633.

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The presentation by the Ministry of Justice of a *Draft Organic Law on The protection of the life of the unborn and the rights of the pregnant women* that in case of approval by the Congress and the Senate of Spain, would abrogate *the Organic Law 2/2010 of May 3rd* currently in force on *Sexual and reproductive health and voluntary termination of pregnancy*, has led to this report. Based on available scientific evidence, this report analyzes the impact the mentioned legislative reform would have on women´s health, fetal, neonatal and child health, child and family poverty, the most vulnerable groups of women and families as well as healthcare services. At the same time, this report analyzes the consequences of the reform regarding women´s and children´s rights and also in the effective equality between women and men.

This report is aimed at the legislators who will debate and decide the future of the reform, the social and women´s organizations, as well as the active citizens in order to contribute to a better understanding of the needs that have to be met, the scope of the measures to be taken and their short and long-term consequences. To this end, contrasted information is provided regarding the impact these restrictions have on the access to voluntary termination of pregnancy, on pregnancies that are carried to term after being denied an abortion and on unwanted childbirth.

ABORTION

Under legal conditions, abortion is one of the safest medical procedures. A woman who carries a baby to term faces a risk of death 14 times higher than having an abortion.The cost of performing a safe abortion is 10 times lower than the cost of treating the consequences of an unsafe abortion.Legal restrictions on women´s access to voluntary abortion do not reduce its incidence nor do they make it disappear; they just make it dangerous since more than half of women who seek abortion will resort to clandestine methods and abortion providers.

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The access to legal and safe abortion provides women with a vital opportunity to resort to contraceptive methods in order to avoid repeat abortions. Repeat abortions can only be prevented through integrated reproductive health strategies that may offer the appropriate contraceptive methods in the timeliest moment, that is, during the process of abortion care.

One out of four women seeking abortion is victim of partner violence and *suffers specific limitations during the decision-making process and when she is looking for a provider, which takes place in secrecy. They are also subject to time, money and mobility restrictions*.

The legal barriers and hindrances make abused women abort at later gestational ages, and in many cases accept an imposed maternity with the subsequent birth of unwanted children whose childhood will take place in an environment of domestic violence.

PREGNANCY AFTER BEING DENIED AN ABORTION

Women who carry unintended pregnancy to term, use prenatal services later or less often and usually suffer from recurrent symptoms of stress. These two factors have a decisive influence on the fetal health.The situations of chronic stress cause a steady increase in blood cortisol levels in the mother that the placental barrier cannot inactivate and reduce the placental blood flow. This biological disorder unfavorably affects the maturation of the fetal organs and the quality of fetal life, thus causing long-term negative effects on the baby and the child development.

The refusal of an abortion in case of fetal malformations triggers a myriad of undesirable effects for the affected families and for healthcare services. Among these,

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we have to highlight: loss of social functionality in prenatal diagnosis, loss of treatment opportunities offered by the fetal medicine, the indispensable expansion of neonatology services and child neuropsychiatry and the imposed burden of suffering and hopelessness for mothers and families of newborn babies.
Legal restrictions on access to voluntary abortion will cause an increase in perinatal, neonatal and child mortality for reasons such as premature births, low birth weight, congenital malformations and chromosomal abnormalities. The efforts the healthcare services can make will not be able to stop this aimlessness.

ADOLESCENT MATERNITY

The risk of adolescent maternity is concentrated in the most vulnerable and unfavored social groups. The bigger the socioeconomic disadvantage is, the less adolescents use contraceptive methods and the less interested they are in avoiding getting pregnant.Not only are adolescent mothers less likely to finish secondary studies, but they will also enter the labor market far later, have lower rates of activity and suffer a remarkable loss of healthy mating opportunities.

Pregnant adolescents have a high risk of suffering serious health conditions during pregnancy, having a premature birth and giving birth to babies with low birth weight.

The legal procedures of parental consent have not proved to be valid as effective tools to protect the minor because they just fail or are unviable in situations of abuse or domestic violence. All adolescents considered immature to make their own decisions and have access to voluntary abortion, will be mandatory and ineluctably mature to carry a pregnancy to term and give birth.

WOMEN IN VULNERABLE SITUATIONS

Immigrant women, low-income women, adolescents and young women are

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internationally considered especially vulnerable groups when it comes to reproductive, maternal and child health. The social vulnerability is one of the most influential vectors for a poor or damaged reproductive health. The circle of precariousness in reproductive health is fuelled by accessibility deficits and poor availability of contraceptive services which do nothing but reinforce abortion as a choice. At the same time, the absence of an effective contraceptive offer right after abortion, paves the way for successive unwanted pregnancies and the subsequent repeat abortions.

Legal restrictions on access to voluntary abortion will have a remarkably inequitable impact and the discrimination to access to abortion services will be mainly concentrated in the women´s vulnerable groups.

CHILD POVERTY

Since the beginning of the crisis, child poverty has grown at a higher and faster pace than that of the total population. Children are currently the poorest age group. In an expanded context of family and child poverty, the legal restrictions on women´s access to voluntary abortion will contribute to:

- Increase the risk of falling into poverty for women and families who are near the poverty threshold, making them feel constrained to carry an unwanted pregnancy to term.
- Intensify the defenselessness of children before poverty as abortion is far more likely to be an intricate and failed process among the poorest and smallest families.
- Make the adverse effects become chronic in the early child development among all children born as a result of an imposed maternity as the developmental delay in children as well as disabilities call for early and long-lasting interventions which are not available for the poorest families.

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HEALTHCARE SERVICES

Abortion does not take place on the head of a pin but it is inexorably intertwined with reproductive and maternal infant health. For this reason, legal restrictions on voluntary abortion will cause significant dysfunctions in healthcare services such as:

- Hipermobility of pregnant women in quest of abortion providers, where women with higher economic status move to nearby countries that have open regulations.
- Increase in the direct cost of legal abortion performed in Spain.
- Resurgence of clandestine abortion providers and a higher demand for emergency services.
- Immobilization of technological and medical equipment mainly installed in prenatal diagnosis and fetal medicine areas.
- Distortion of the health professionals´ function, mainly obstetricians and psychiatrists.
- Dramatic reduction in the interaction between reproductive health services and maternal and child health services.
- Loss of information on population health equivalent to a scientific blackout with regard to sexual and reproductive health.

In sum, the health care system will become more inefficient, incoherent, costly, inequitable and unsafe to channel and meet the reproductive and maternal and child health needs.

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BASIC RIGHTS

The weight between the protection of developing life as a legal asset and the recognition of women as autonomous individuals with full decision-making capacity cannot be solved by considering the latter as heteronomous individuals, which means that other individuals undertake the legitimacy and capacity to make decision for them. This approach entails a complete refusal to recognize women´s human dignity and an abuse of their reproductive capacities. In any case, the unborn cannot be compared when it comes to the right to life and integrity of people already born, although the unborn deserves protection.

The rejection or denial of access to medical procedures that only women need, like the case of abortion, constitutes gender discrimination and an infringement of the fundamental right to obtain a decent and safe medical attention. Discrimination usually comes with the exaltation of women as victims who have a need for condescension and guardianship to free them from the burden of freedom and the subsequent decision-making about their lives. In this sense, establishing a double professional legal guardianship to make a decision about maternity clearly shows how women are considered immature underage people.

The compliance with the children´s fundamental rights to life and full development of their potentialities is weakened by the legal restrictions on women´s access to voluntary abortion. The occurrence of unwanted pregnancies carried to term, increases the risk of slipping into poverty for low-income mothers and families, intensifies child defenselessness before poverty and makes the early developmental delays in infants become chronic as a result of an imposed maternity.

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EFFECTIVE EQUALITY

Women´s right to effective equality with respect to men requires that they are not exposed to deficits and/or differential risks that can be avoidable.The lack of self-control over the reproductive life, seriously damages the women´s right to self-determination as it prevents them from looking for opportunities and personal, social, economic and spiritual goals in accordance with the kind of life they value.

Vulnerable women who live in environments of limited opportunities that are characterized by inequality are the ones who suffer the worst consequences as a result of the restriction on reproductive choice. Thus, adolescents, young women and low-income women will find their professional qualification possibilities, their labor insertion and family planning, dramatically diminished.

CONCLUSIONS

In the Spanish society, the beginning of sex life at an earlier age and the abandonment of fatalistic models of fertility, expose women and men to a deeper need for fertility control and also face unintended pregnancies throughout their fertile years. The response to this need should be integrative, evolutionary and equitable in order to:

- Provide interconnected and wide attention to reproductive health and abortion by removing all kinds of barriers that keep people from having access to services in time.
- Prioritize the fulfillment of the specific needs of women´s groups and the most vulnerable families, therefore the groups most deeply damaged by a possible deprivation of rights and care.
- Open up to new development and innovation opportunities regarding needs assessment and service provision.

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In order to accomplish these goals it is necessary a non-coercive legal framework on voluntary termination of pregnancy that complies with the recommendations of international organizations and matches the legislations of the neighboring countries which have similar sociocultural realities. A weigthed legislation is needed. It has to be barely interventionist, respectful towards ideological and religious pluralism of the Spanish society and whose main target is to offer legal safeguards to women and healthcare professionals.

Within the current social and health context, a possible legal restriction on women's access to voluntary abortion would be discordant with the health needs of women and families and be added to the stoppage suffered by public policies on reproductive health and the inexistent social protection of maternity. All this exacerbate the deprivation in which many mothers, children and families are living in.

2 Introduction

The presentation of a *Draft Organic Law on The protection of the life of the unborn and the rights of the pregnant women* by the Ministry of Justice, that in case of approval by the Congress and the Senate of Spain, would abrogate the Organic Law 2/2010 of May 3rd currently in force on *Sexual and reproductive health and voluntary termination of pregnancy*, has led the authors and Asociación Salud y Familia to make a number of considerations that are contained in this report. Based on available scientific evidence, this report analyzes the impact the mentioned legislative reform would have on women´s health, fetal, neonatal and child health, child and family poverty, the most vulnerable groups of women and families as well as healthcare services. At the same time, this report analyzes the consequences of the reform regarding women´s and children´s rights and also in the effective equality between women and men.

When exposing the reasons for this draft law, the Ministry of Justice claims that *"the government´s obligation is to establish a legal system for the defense of life that entails its effective protection and that, as it is deemed a fundamental asset, also includes penal regulations to guarantee its compliance"* and on the other hand cites the Spanish constitutional doctrine which states that the life of the unborn does not have an absolute character and is inseparably related to the respect and promotion of women´s life, health and dignity.

Starting from the constitutional doctrine, the Ministry understands that the combination of the protection of the unborn life and the protection and promotion of women´s life, health and dignity must be done in a thorough way taking into account the likely occurrence of circumstances in case of exceptional conflicts between both assets and rights, and for this reason a regime of narrow limits should be set to decriminalize abortion.

The argumentative axes of the Ministry of Justice are: a) the law is not able to provide a unique and objective measure to be equally applicable to all the cases and situations

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of the conflict, and for this reason each situation will have to be sufficiently accredited, “leaving no room for doubt”; b) the law will not admit as a way of accreditation of the conflict situation between fundamental assets and rights, the mere woman´s testimony but instead an assessment made by two physicians who have to be specialized in the concerning health problem of the pregnant woman.c) the law will have to constrain the alleged decriminalized items of abortion to: the situations that *pose serious danger to the life, or mental or physical health of the pregnant woman*, understanding that they certainly cause a remarkable detriment of health, which must be enduring overtime and that occurs before the twenty-second week of pregnancy; pregnancy as a result of rape which is reported before the twelfth week of pregnancy; when the fetus suffers *a fetal malformation incompatible with life* abortion could be performed if, as a result of such fetal malformation, the mother may have a mental disease that can be certified by a physician d) the pregnant woman has to express her willingness and give her consent to abort although the use of these faculties will require a maturity that cannot be presumed in the case of *underage people, so the parents or guardians consent* will be required for girls under 16 years old and a previous assent by parents of girls whose ages are between 16 and 18 years old; e) the pregnant woman who seeks a pregnancy termination will have to be given *previous compulsory advice* and there will be a period of time of at least *seven days* between the advice receipt and the abortion performance. In the counseling process, other people such as the partner or close relatives will be able to participate as long as the woman agrees in an explicit or tacit way.

The briefly exposed features of the legislative reform on the voluntary termination of pregnancy proposed by the Ministry of Justice, outline a *scenario of strict assessments and widely scattered requirements* distributed among the different professional areas such as health care services, social services and justice administration which together will represent a varied group of obstacles and barriers to the effective access to voluntary termination of pregnancy. *The legal restrictions on the access to voluntary termination of pregnancy undermine the common good to be*

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protected which is no other than responsible maternity and its impact will cross from one sphere to the other – from pregnant women to their families and children, going through health care services and reaching the whole society – provoking as a result, all kinds of insidious ramifications and cascade effects hard to control and even way harder to impede or stop.

Asociación Salud y Familia and the authors, start from the premise that in a democratic state based on the rule of law, the political decision-makers have full personal accountability for the positive and also negative consequences resulting from their public behavior. And if the willingness of government and legislators who will have to debate and decide on the future of the reform is to adopt a *more rational and humane public configuration that may favor a responsible maternity*, first of all they must deeply understand the needs to be met, the scope of the measures to be taken and their immediate and future consequences. For this reason, the aim of this report is to provide political decision-makers, social and women´s organizations as well as all active citizens, *contrasted scientific information on the consequences of a restricted* access to voluntary termination of pregnancy, the pregnant women who decide to carry pregnancy to term when abortion is denied and unwanted childbirth.

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Under legal conditions, abortion is one of the safest medical procedures (in 2012 the maternal mortality rate was 0.2 for every 100.000 abortion procedures in the United States) as in fact, the maternal risk of dying during childbirth is 14 times higher than dying in an abortion procedure (In 2012, 8.8 mothers died for every 100.000 live births in the United States). In Spain the maternal mortality rate including deaths associated with pregnancy and childbirth and up to 42 days after abortion was 6 dead women for every 100.000 live births in 2008, what places us in the group of countries that has the best results in this area. Therefore, when abortion is performed with a wide legal coverage and there are accessible, safe and available healthcare services, the odds of a woman dying or getting lesions are insignificant.

In Spain the general abortion rate was 11.49 in 2010 and 12.01 in 2012 which places us in the group of countries with intermediate rates, considering low rates those that are below 9 and high rates those that are over 18. Sometimes, restrictive laws are promoted in the belief that an unfavorable legal framework will discourage women from resorting to a voluntary termination of pregnancy. In fact, the causal relationship is quite the opposite: in Western Europe (2008) where abortion is given a wide legal coverage in most of the countries, rates are significantly lower (12 abortions for every 100.000 women) than in Latin America and the Caribbean (32 abortions for every 100.000 women) and Africa (29 abortions for every 100.000 women) where there is a predominance of restrictive regulations. The explanation is based on the fact that in countries with open laws on abortion, the access to contraceptive methods is better as they are used to developing comprehensive policies on sexual and reproductive health together with measures that facilitate the access to abortion. The international evidence shows that *legal restrictions on women´s voluntary access to abortion* neither decrease nor eliminate its incidence but they only make it dangerous, as more than half of women seeking abortion will resort to clandestine methods and providers.

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Within restrictive legal contexts, even abortions considered low-risk, expose women to multiple complications and delays in the search of medical care to those complications. In countries where abortion is only allowed under strict regulations, many women are hospitalized every year due to serious health complications that result from unsafe abortions such as incomplete abortion, a high fever, bleeding, reproductive tract infections, peritonitis and uterine perforation. Unsafe abortion is one of the factors that mostly contribute to keeping high levels of maternal mortality, chronic lesions and infertility. At the same time, *the cost of performing a safe abortion is ten times lower than the cost of treating the consequences of an unsafe abortion.* Therefore, if the abortion services in Spain had their safety and/or quality affected as a result of restrictive and confusing legal interpretations, we will have to seriously weigh the family, social and economic impact that the increase in the maternal and child death rates as well as the amount of diseases that women and children will have in a middle and long-term.

3.1. Women´s health

The legal practice of abortion has raised significant concerns about different aspects, such as learning what consequences an induced abortion and denial of abortion have on women´s mental health, the risks associated with abortion during the second quarter of pregnancy and causal relationships between abortion and partner violence.

The scientific evidence shows in a persistent and overwhelming way that *adult women who are carrying unwanted pregnancy, run the same mental health risks if they have abortion within the first quarter of pregnancy or if the carry the child to term*. In the case of abortion, the most common immediate psychological responses are relief and willingness to have babies in the future, combined in 20% of the cases with slight and

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reversible changes in the mood, compared to an occurrence of 70% of this kind of symptoms after childbirth. Because of the varied cultural and social backgrounds of women who resort to abortion, scientific research efforts have been focused on identifying the common predictors of a worse psychological response, being the most relevant among others:

a. Presenting mental health disorders prior to abortion and/or
b. Having a conflict with abortion that includes situations such as suffering from coercion, delay in seeking medical care, living in a stigmatizing environment, having a moral conflict and/or lacking social support to the decision.

When women have a late abortion due to the existence of fetal damages, they usually show negative psychological reactions similar to those caused by late spontaneous abortions or when the baby is stillborn. Even in these cases, negative reactions are less than those of the mothers who give birth to babies with overly severe damages or damages that are incompatible with life.

Denial of abortion has psychological effects in the short and medium-term on the women´s life; stress symptoms are usually present in a recurrent way throughout pregnancy, the unborn child is seen as a burden and the emotional adjustment due to the situation is long and tough, usually overcoming the childbirth itself. In developed countries, abortions that take place during the first quarter of pregnancy represent a broad majority although a fraction (in Spain 9.77% of abortions in 2012 and 12% average in neighboring countries) remains unchanged over the years when induced abortions take place after the thirteenth week of pregnancy. Abortion during the second quarter of pregnancy is still a safe medical procedure with a maternal mortality risk lower than at childbirth but for every additional week after the thirteenth week of pregnancy, the relative maternal mortality risk rises up to 38%. That is why health

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authorities demand the providers a specific accreditation in order to perform this kind of procedures. The reason why women seek late abortion usually is an unfavorable medical diagnosis regarding the mother´s health and fetal damages. *Disadvantaged and vulnerable women have a significantly high presence in the group that resorts to late abortions.*

The legal systems with multiple administrative requirements prior to abortion such as compulsory and not requested advice, waiting periods and lack of guaranteed privacy, cause more and more late abortions, reinforce stigma and its negative impact on the women´s mental health and also lessen legal safeguards for professionals who participate in the process, especially healthcare professionals. If the legal framework in Spain implemented specific barriers to legal and safe abortion during the second quarter of pregnancy, the risks to women´s life and physical safety would be multiplied, mainly for those who are at the lowest social levels. *A legal system that protects women´s life and health and fosters responsible maternity must allow abortion to be performed as early as possible and as late as necessary.*

3.2. Reproductive health and prevention of abortion

The number of women in developed countries who use contraceptive methods on a regular basis in order to avoid unintended pregnancy is still lower than the number of women who desire to delay or to space their pregnancies or that simply do not want to have babies. In countries such as France and Sweden (2005) there was still a 15% of births as a result of unintended pregnancies and during the same period of time in the United States it was estimated that 50% of pregnancies were unintended.

In Spain, recent barometer´s results that measured the women´s access to contraceptive methods (2013) show the existence of groups of adolescents and

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young women whose contraceptive needs are not met. It also shows that territorial inequity with regard to access, availability and systems for the reimbursement of contraceptive services and family planning advice for women and men in situation of vulnerability. In the same direction, the Family Planning Federation and other professional associations have repeatedly warned health authorities about the clearly insufficient sexual and reproductive health strategy. In addition, the uncertainty experienced by families in the current situation of unemployment and economic crisis provokes that even planned pregnancies may turn into unwanted ones if circumstances change. That said, in the current social and economic situation, *the access to legal and safe abortion in Spain not only mitigates the negative effects of a public policy deficit with respect to family planning but it also provides a vital opportunity for women to resort to contraception in order to avoid repeat abortions*. A restrictive legal reform on the voluntary access to abortion would increase the gap between the providers and would also isolate abortion providers from the sexual and reproductive health services and maternal-child health services, thus jeopardizing the continuity of the care and decreasing the availability of services in this field. An increase in fertile population without contraceptive coverage should be expected with the resulting obvious consequences of unintended pregnancies and abortions, especially repeat abortions. Then, as scientific evidence has persistently shown, *more than 30% of abortions performed in developed countries are repeat abortions which can only be prevented by implementing integrated strategies in reproductive health that allow to offer the appropriate contraceptive methods –almost always long-lasting methods – at the timeliest moment, which means, during the care process of voluntary termination of pregnancy*.

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3.3. Victims of partner violence

In Spain (2011) 3% of women regarded themselves as abused throughout the last year and 7% admitted to suffering abuse from their partners at some time during their lives. Female mortality at the hands of partners or former partners is still more than 50 women every year and it mainly happens to women aged between 21 and 50 years old. Both partner violence and mortality rates due to this reason are higher among women with low education levels and those with poorer health. *In sociocultural contexts of deprivation, poverty, immigration and/or isolation, the violation of the conditions of women social recognition may become systematic*. For this reason, in these environments partner violence is more frequent and perpetrated with more impunity and social invisibility. Partner violence is one of the main ways of victimization suffered by immigrant women, being mortality rates unequivocally higher due to this cause (the risk of dying because of partner violence was 5.3 times higher for a foreing women in the period 1999-2006) as well as the levels of exposure (double exposure for immigrant women who reside in Catalunya in 2010).

Partner violence interacts through a interplay of social and cultural factors in women´s decisions and actions to prevent unintended pregnancies. The inconsistent use of contraceptive methods, the difficulties agreeing a family planning and pregnancy coercion are very common situations among victims. Abuse limits women´s reproductive autonomy exposing them to contraceptive sabotage and unintended pregnancy. Recent studies estimate that *25% of women seeking abortion are victims of partner violence and that this hidden risk multiplies among women who resort to repeat abortion.*

Society assumes that pregnancy is a time of peace and safety but nothing further from

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the experience of women who suffer partner violence. Pregnant women provoke overly contradictory feelings in aggressors who take advantage of their vulnerability. It is estimated that from 4 % to 8 % of pregnant women suffer partner violence, getting as a result:

- An increase in maternal stress and adoption of unhealthy habits during pregnancy.
- Recurrent psychosomatic diseases during pregnancy.
- Difficulties gaining weight during pregnancy.
- Infections and anemia occur more frequently.
- Lower use of prenatal services
- Premature birth
- Low birth weight

  Perinatal death

The victims of partner violence suffer specific limitations during the decision-making process and when they are seeking abortion, which takes place in secrecy. They are also subject to time, money and mobility restrictions. These limitations mainly come from the isolation resulting from the situation of violence and the victim´s feeling of defenselessness. Therefore, the legal restrictions on voluntary access to abortion will have a selective and severe impact on the victims of partner violence who will feel confused and discouraged by the overly long administrative procedures and also by the waiting time before performing abortion. The most predictable effects of the legal barriers and obstacles on the victims will be: the performance of legal abortion at later gestational ages and in many cases, the subjection to an imposed maternity with the subsequent birth of unwanted children whose childhoods will take place in an environment of family violence.

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3.4. Fetal, neonatal and infant health

The legal restrictions on the access to voluntary termination of pregnancy in Spain will entail a remarkable increase in denials of abortion as well as countless failed attempts to find medical care. Women who do not have enough economic resources and social support will not be able to use the legal choices for abortion that other neighboring countries offer. Therefore, either they will look for a clandestine provider or they will carry pregnancy to term.Women who carry unintended pregnancy to term use prenatal services later and less frequently and besides they usually experience recurrent symptoms of stress, having both factors a decisive influence on the fetal health.

Situations of chronic stress cause a steady increase in the levels of cortisol in the mother´s blood and a reduction in the placental blood flow. The elevated maternal cortisol level that cannot be inactivated by the placental barrier alters the regulation of cortisol and the fetal pituitary-adrenal axis. The appropriate performance of this biological system is key to the maturity of all fetal organs and its alteration affects the development and differentiation of the nervous system (brain damage), the physical development (low weight, insufficient cranial perimeter) and the subsequent psychomotor development of infant and child who can present behavior problems during their first 10 years of life.

The declared intention of the Ministry of Justice in its proposed abortion reform in Spain is to *allow* abortion before the twenty-second week of pregnancy in cases of fetal malformations that are incompatible with life as long as the mother gets mentally ill and that this health condition is certified by a physician and *ban* abortion in cases of overly serious or incurable fetal diseases. If this legal regulation were approved, it would cause a myriad of undesirable effects such as:

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a. A «race against the clock effect» among pregnant women diagnosed with fetal risk who in many cases, will try to seek abortion before the twenty-second week of pregnancy and thus will miss the treatment opportunities offered by the advanced Fetal Medicine.

b. *Severe distortions in the field of prenatal diagnosis* due to a loss of social functionality of the most advanced screening and prenatal diagnostic technologies currently available. Also delays and rollbacks are expected which will undermine the full participation of the public health system in the new era of non-invasive tests, whose availability is the result of research on the fetal DNA that circulates in the maternal plasma.

c. Need for reconfiguration and expansion of the public health offer, especially in the fields of neonatology and infant neuropsychiatry in order to give coverage to the increase in perinatal, neonatal and infant morbidity and mortality associated with an altered or clearly damaged fetal development.

d. Imposed burden of suffering and hopelessness over the families of malformed or seriously ill babies which will dramatically reduce the vital opportunities for all the members of the family group and especially the mothers.

Infant mortality rate in Spain, including babies who died before the first year of life has shown a steady decrease and in 2011 it was 3.37 deaths for every 1000 live births what places us among the countries with better results in this field. At the same time, the neonatal mortality rate including babies who die before the twenty-eighth day of life was 4 deaths for every 1000 live births in 2012. An important part of the drop in the infant mortality rate during the last decade is due to the decrease observed in the number of deaths because of congenital malformation and chromosomal abnormalities which represent 25 % of all deaths of babies younger than 1 year old, as no positive changes have been detected with respect to deaths caused by premature

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births and low-birth weight. If the reform on abortion were approved, all the items mentioned above – congenital malformation, chromosomal abnormalities, premature births and low-birth weight – would rise and the efforts made by health services would not be effective enough to stop the increase in perinatal, neonatal and infant mortality.

The increase in the number of unintended pregnancies and the biological mother´s duty to raise her children – in Spain the option of giving up a baby for adoption is very low with an average of 800 cases per year – will entail a significant increase in the difficulties with the mother-kid bond, a high risk of receiving a poorer mother´s dedication with regard to time and care and extra suffering for siblings. The emotional effects on unwanted babies last until late adolescence and first stages of the adulthood.

That said, the legal configuration of "defense of life"that the abortion reform in Spain claims to support will not accomplish the expected targets and paradoxically, will remarkably undermine the fetal, neonatal and infant life and health of thousands of children.

3.5. Life opportunities for adolescents

A number of 1,051,130 girls with ages between 15 and 19 live in Spain (2013) with a 23.7% of foreigners. As many as 69.4% of girls and 71.5% of boys under 19 years old have started their sex life with 40% of the cases without using any kind of contraceptive method. In 2012, 9,724 girls aged 19 and under, gave birth with a birth rate of 8.1 among Spanish girls aged 15 – 19 and 12.3 among foreigners. In the same year, the abortion rate for the age group under 19 was 12.95 and it is estimated that 6 out of 10 pregnancies were interrupted. Both abortion and birth rates are located within a middle-low range in comparison with our neighboring countries.

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The risk of adolescent pregnancy increases proportionally to the number of adverse experiences in childhood such as abuse, domestic violence and/or chronic family conflicts and is mainly found in the most unfavored and vulnerable social groups. *The bigger the socioeconomic disadvantage, the less contraceptive protection adolescents use and the less interested they are in avoiding getting pregnant.* Pregnant adolescents with future expectations who live in a better environment have many more choices of resorting to abortion while in disadvantaged homes, or with little hope in the future, they usually choose to carry pregnancy to term in spite of an inexistent or unstable couple.

Adolescent mothers experiment a number of very relevant events in a very short period of time such as the beginning of their sex life, the end of studies, the quest for the first job, the couple´s coexistence and the arrival of the first kid. Premature maternity entails an acceleration of the vital course that paradoxically, delays the incorporation to adulthood and stops the social and human development. *These mothers are less likely to finish their secondary studies; they will enter the labor market later, have a lower activity rate and suffer a remarkable loss of opportunities for a healthy mating.*

The pregnant adolescents have a higher risk of suffering serious incidents during and at the end of pregnancy compared with those who are older than 20 years. The risk of a late fetal, neonatal and infant death is higher and is mainly associated with premature birth and low-birth weight.

Recent studies show that the levels of depression before pregnancy and the socioeconomic and educational disadvantages are the main predictive factors in adolescent maternity. Depression suffered before pregnancy will not disappear just for giving birth to a baby. Chances are, it will continue throughout adolescence and early

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stages of adulthood. Maternal depression has severe effects of deprivation on the infant and child such as poor quality of cognitive and speaking development and difficulties with emotional self-regulation and social adjustment.

The draft organic law for the protection of the life of the unborn and the pregnant woman´s rights starts from the premise that enough maturity of underage people cannot be presumed when it comes to express her willingness and give consent to abortion, so her parents or legal guardians consent will be required for girls aged under 16 and their assent for those who are aged 16 – 18. That said, it is expected that the pregnant minor or her legal representative can address the judge for him to decide on the sufficiency and validity of the consent given by the minor in the following cases:

a. Occurrence of serious reasons that stop or advise against the minor´s consultation to her parents or legal guardians.
b. Parents or legal guardians deny the consent or assent.
c. Parents or legal guardians hold different opinions from the pregnant minor´s.

At the same time, this draft organic law represents a responsibility for the physicians who will issue the compulsory assessments or perform abortion and know about the existence of some of the conflicts mentioned above. In these cases, the professionals will have the legal obligation to immediately inform to the corresponding prosecutor.

The international experience shows that adolescents who live in the bosom of a functional family spontaneously inform their fathers, mothers or legal guardians about their pregnancies and that when they do not do it is because they are afraid of being hurt or injured. *The legal procedures for the parental consent or assent have not proved to be valid as effective tools for the protection of the minor because they just either fail or are not viable in situations where abuse or family violence occurs*, because no law can bring together love and parental support when they are just absent.

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The adverse effects on reproductive health triggered by legal procedures for parental consent or assent are well known: late abortion and denial of abortion among pregnant minors who live in situations of extreme vulnerability. *These adolescents who are deemed not mature enough to have access to voluntary abortion will inevitably and compulsorily be mature enough to carry pregnancy to term, visit the prenatal service, undergo the necessary medical check-ups and give birth to a baby.*

3.6. Vulnerable groups of women and families

Social and personal vulnerability is the difficulty or incapability of enduring a threatening vital event and/or the difficulty or incapability of recovering after having suffered damage. Vulnerability is associated with a predisposition to suffer losses and / or damage. Women and families of vulnerable groups are at risk for a wide range of hazards accumulated along lifecycle.

Vulnerable women suffer from lack or deficit of assets and in addition, face difficulties moving the ones they already own. At the same time, they usually share an idea of defenselessness or helplessness before risk which reinforces even more the blockage of their skills. Hence, every time a vulnerable woman or vulnerable family suffers a severe critical situation, there is very high risk of losing a great deal of their social and health assets which will take them a long time to retrieve. Social vulnerability is associated with poverty, low education level and insufficient access to resources but women who live isolated in an unsafe, defenseless environment are also vulnerable.

Immigrant women, low-income women, young women and adolescents are internationally considered especially vulnerable groups when it comes to reproductive and family health. In Spain, immigrant women have abortion rates between four and

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five times higher than native women (in 2008, the general abortion rate was 11.2 which means 6 abortions for every 1000 Spanish women against 31.4 abortions for every 1000 foreign women). It turns out to be evident that the country of origin by itself does not represent a risk factor regarding abortions. Rather, behind this big disparity between native and immigrant women, there is a problem of inequality of opportunities regarding both family planning services and prevention of unintended pregnancies as well as social conditions related to the possibility of undertaking child care.

Social vulnerability is one of the most influential vectors for a damaged or low quality reproductive health. The groups of vulnerable women have in common:

- A deficient access to contraceptive and family planning advice.
- An irregular use of contraceptive methods.
- Previous experiences of clandestine abortion, especially among immigrant women.

Precariousness in reproductive health is fuelled by deficits in accessibility and availability of contraceptive services which reinforce the option of abortion and with the absence of an effective contraceptive offer right after abortion that paves the way for successive unintended pregnancies with the subsequent repeat abortions.

Legal restrictions on voluntary access to abortion will have a significant impact on all women in reproductive age but this will be particularly devastating for the groups of vulnerable women and families mentioned above, with an additional group in Spain composed of rural women. *Discrimination with regard to access to abortion services will be concentrated in these groups* due to a lack of legal knowledge, difficulties obtaining compulsory medical assessments and the impossibility (because of price

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barriers, advanced gestational age and low social support) of resorting to legal and safe alternatives to abortion that neighboring countries do offer. The most foreseeable discrimination and inequality effects will be:

- Legal abortions performed in Spain at advanced gestational ages.
- A failed quest for legal abortion care and thus the desperate option of clandestine abortion.
- A failed quest for assistance to obtain an abortion resulting in the continuation of an imposed maternity under conditions of adversity and vulnerability.
- The occurrence of successive unintended pregnancies due to a lack of a timely efficacious contraceptive protection.
- The occurrence of repeat abortions due to a lack of a timely efficacious contraceptive protection.

3.7. Child and family poverty

Child poverty in Spain, with a rate that had been for years near of 24%, rose to 29.9% in 2012 according to a survey on Household Income and Life Conditions carried out by Eurostat that calculates the number of people under 18 who live below the poverty threshold in the countries of the EU-27. Child poverty affects 45.6 % of children who live in the bosom of single-parent families, 49.2 % of children who live in families with at least one foreign parent and 57.6 % of children whose parents did not finish their secondary studies.

Since the crisis started in Spain, child poverty has risen at a faster and higher pace than the rest of the population. Children are currently the poorest age group. The impact of the crisis has been and keeps being harder in houses with kids and child poverty and deprivation are getting broader and more persistent. There are more and

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more poor children and they are poorer so the most recent report (2014) estimates that poverty risk and social exclusion in underage population is 33.8 %. This situation deeply hinders the possibility of breaking the cycle of intergenerational transmission of poverty. This means that the odds of children succeeding at school, having good health and fully developing their potencial are lower for those who are currently growing up in poor and social excluded homes.

A low family income or a lack of it, worsens the quality of nutrition, makes them live packed together, deepens the energy poverty and also undermines coexistence and relationships. However, *Spain has had and still has a very low capacity to reduce poverty among its children and this weakness has been increasing over the years due to cuts on public services and aids.* The government budget in 2012 suffered a drop of 42.5 % regarding infant care, 36.5% for infant and primary education and the young children´s education funds disappeared. The government budget in 2013 suspended the programs for students with special needs and reduced 65% the compensatory education funds. To this day, official authorities have not complied at all with the recommendation of the Children Rights Committee that in 2012 urged Spain to watch over the protection of the budget allocation for childhood and more specifically with those related to affirmative social measures in favor of children in need.

In Spain the wellfare system has shown a kind of “familist” evolution, this means that families are considered the main agency that provides wellfare and as a result, public policies to support families have always been passive and overly scarce. As a matter of fact, in the past and nowadays, public intervention has been and is still subsidiary and limited to cases of extreme necessity. This is what public expenditures on child and family protection has shown which in 2009 represented a 1.51% of the GNP,one of the lowest rates in the EU whose average was 2.26%.

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The most vulnerable underage people, women and families are exposed to a risk accumulation by dispossesion of its core assets in terms of resources and rights. Within this expansive context of child and family poverty, the legal restrictions on the voluntary access to abortion, which as it has already been shown will have a larger and more inequitable impact on the most vulnerable groups of women and families, will contribute to:

- *Increase the risk of falling into poverty for women and families that are close to the poverty threshold and are forced to carry the unintended pregnancy to term.*
- *Increase the lack of protection of children already born before poverty because it is precisely in poor families where the abortion is more likely to become an intricate and failed process.*
- Make the adverse effects become chronic in the early child development among all children born as a result of an imposed maternity as the developmental delay in infants as well as disabilities call for early and long-lasting interventions which are not available for the poorest families.

3.8. Healthcare services

Abortion does not take place on the head of a pin but it is inexorably intertwined with reproductive, maternal and child health. For this reason, legal restrictions on voluntary abortion will cause significant dysfunctions in healthcare services such as:

- Hipermobility of segments of pregnant women in quest of abortion providers.
- Immobilization of medical and technological capabilities in health care facilities already installed.
- Distortion of the health function and permanent ethical dilemmas between health

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professionals.

- Reduced connectivity between reproductive a maternal and child health services.
- Loss of relevant information for the public health and the healthcare system.
- Unproductive growth in health spending in the areas of reproductive health and maternal-child health.

Women in reproductive age from any background, religious affiliation or social condition who wish to terminate pregnancy will look for an abortion provider in spite of the legal restrictions: it is estimated that in the case the reform proposed by the Ministry of Justice is approved, 70,000 to 80,000 annual abortions will be illegal.
This search will result in the hypermobility of demand flows for healthcare in different sectors of the health system, which will immediately provoke the following effects:

- *A significant increase in the direct cost of legal abortion in Spain* due to a predictable decrease in surgical and pharmacological abortions and increase in the expenditures that will represent the medical appointments and the process to obtain a medical assessment.
- *Mobility of well-off pregnant women to neighboring countries that have more open abortion regulations*
- *Resurgence of clandestine abortion providers in Spain.*
- *A higher demand for emergency services and gynecologic visits in order to fix the consequences of clandestine abortion.*

The obstacles and restrictions on the women´s voluntary access to abortion will provoke an *immobilization of medical and technological capabilities in health care facilities already installed* that will affect the providers of pharmacological and surgical abortion mainly and also in the areas of prenatal diagnosis and fetal medicine that will suffer a loss of support and investments since the alternative of a pregnancy

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termination in case of fetal malformation will be undermined. In addition there will be an overwhelming number of high-risk pregnant women and babies in the prenatal, neonatal and infant neurological services.

The distortion of the health function of psychiatrists and obstetricians will have a remarkable impact on their professional performance as a restrictive abortion regulation entails the medicalization of a decision that has to be made by the pregnant woman, diminishing the medical performance and undermining the dignity of patients. On the other hand, in many cases countless healthcare professionals will feel constrained to refuse an abortion referral and somehow will be involved in the continuity of pregnancies against the woman´s will, especially among those who have less autonomy such as adolescents, abused women and low-income women.

The reform proposed by the Ministry of Justice intentionally provokes a fragmentation of the medical care for the pregnant woman within a threatening framework for the health care professionals who may face a penalty of legal incapacity to practice. The twisted maze of advices and medical assessments isolated from one another together with migration of pregnant women to neighboring countries seeking abortion will provoke *a drastic decrease in the connectivity between maternal-child services and reproductive health services.* Since abortion will become an isolated technical event and distant from the context of reproductive health services, the contraceptive coverage will be dramatically reduced. *As we will miss the opportunity of giving advice on family planning and making integrated contraceptive decisions at the moment of abortion, unintended pregnancies will increase as well as the subsequent repeat abortions.*

The health information about Spanish pregnant women who seek abortions abroad will be spreadout among neighboring countries which will cause a *loss of information*

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that will be so important, that will be equal to a scientific blackout in terms of reproductive health and public health. Services, professionals and methods tracking, epidemiological surveillance and studies on reproductive health in Spain will become practically unviable because of a lack of access to primary information sources.

The legal restrictions on voluntary abortion will inflict a long-lasting damage on the functioning and structure of the health system that as a whole will become more ineffective, incoherent, costly, inequitable and unsafe for everybody.

4 The impact of the reform on the basic rights and effective equality

The international and European legal treaties and the Spanish Constitution recognize newborn babies as people susceptible of having subjective rights. To be precise, in both International Agreements on Child and Disabled People´s Rights and the Spanish Civil Code itself, always *refer to people who were born alive and recognize neither the embryo nor the fetus to have a legal independent status*, since from the biological perspective there is not a complete individualization of the unborn either.

A people already born's right to life and integrity cannot be equal to that of an unborn, even when he deserves protection, too. The consideration of the protection of the developing life as a legal asset and the recognition of women as autonomous individuals with full decision-making skills cannot be resolved by considering the latter as heteronomous individuals, which means that other individuals undertake the legitimacy and capacity to make decisions for them. The claim that women must be forced against their will to accept the wishes and orders from others is an instrumental denial of their human dignity and an abuse of their reproductive capacity.

The United Nations Committee on the Elimination of Discrimination against Women claims that gender discrimination is the refusal or denial of access to medical procedures that only women require as in the case of abortion. Rejection or denial of safe and accessible abortion services constitute a direct discrimination against women as men are not exposed to this situation of need. The Charter of Fundamental Rights of the European Union and the Spanish Constitution acknowledges that the access to a safe and decent health care is a fundamental right and thus, all people have the right to the highest available health standards, being reproductive health a key element. In contrast to these legal principles, the reform proposed by the Ministry of Justice revolves around a moral idea of abortion as an unlawful fact that would only be legally justified in given narrow assumptions and totally overlooks the practical effects of the restriction on individual health standards and public health.

Discrimination against women is an exercise of practical and moral superiority that

4 The impact of the reform on the basic rights and effective equality

underscores the subordinate position that many women have in their families, communities and social networks. It is not by chance that discrimination usually comes with the exaltation of women as victims who have a need for condescension and guardianship to free them from the burden of freedom and the subsequent decision-making about their lives. In this sense, the long referred reform is a representative demonstration of this discriminative approach as it considers women so incompetent that they would not even be legally punishable in the event of law infringement and establishes a double professional guardianship for a decision of maternity which has a crucial biographic relevance in adult and competent people.

Women´s right to effective equality with respect to men requires that they are not exposed to deficits and/or differential risks that can be avoidable. When women are regarded as instruments at the service of maternity and the self-control over their sex and reproductive life is hindered, their possibilities of participating in the economy and social life in equal conditions are dramatically reduced.The lack of self-control over the reproductive and sexlife severely damages the women´s right to self-determination as they keep them from getting opportunities and personal, social, economic and spiritual goals that can be in harmony with the kind of life they value.

An imposed maternity undermines the life opportunities of all affected women and has insidious ramifications for mothers, children and families. *Vulnerable women who live in environments of limited opportunities characterized by inequality will be the ones who will suffer the worst consequences of restricted reproductive choices.*

Adolescents, young women and low-income women will see their possibilities of professional qualification as well as their labor insertion and family planning remarkably constrained. In contrast to this evidence, the reform proposed by the Ministry of Justice deliberately fragments and cuts down on the resolutive capacity of all the people who are affected by the crisis of unintended pregnancy and provides no measures for effective maternity protection.

4 The impact of the reform on the basic rights and effective equality

In Spain, the compliance with the Children´s Fundamental Rights to life and full development of their potential is extremely weak. Over the last years, there have been no active policies to mitigate the effects of the crisis on children and the government has ignored the Recommendations that in 2010, the Committee on Child Rights provided it in order to redouble the public efforts to give adequate assistance to parents in their duty to raise and care for their children and particularly to families in situations of poverty.

The occurrence of unwanted childbirth increases the risk of falling into poverty for low-income mothers and families, deepens the defenselessness of babies already born and makes early developmental delays in infants become chronic as a result of an imposed maternity. Paradoxically, the reform proposed by the Ministry of Justice gives the cold shoulder to these unequivocal consequences and widens the gap of inequality between children by actively contributing to the increase in the child poverty rates.

5 Conclusions

In the Spanish society, the beginning of sex life at earlier and earlier ages and the abandonment of fatalist models of fertility expose women and men to a deeper need for a fertility control and also to face unintended pregnancy throughout their fertile years.

If we take as a reference the principle of general interest of society to be able to understand the needs that have to be met and elucidate the problems that have to be overcome, the answer to the sexual and reproductive health needs that have been described in this report should be integrative, evolutionary and equitable in order to:

- Provide a wide interconnected care to reproductive health and abortion, removing all kind of barriers that hinder the access to the services in time.
- Prioritize the fulfillment of the specific needs of the most vulnerable groups of women and families, being therefore the individuals that may result most damaged by a possible deprivation of services and rights.
- Open up new possibilities of development and innovation in the assessment of needs and the provision of services.
- Develop and maintain laws and regulations of abortion and reproductive health that respond an ensure health needs and adapted to the evolution of sexual and reproductive habits of Spanish society.

Social and medical sciences have clearly established the causal association that exists between legislation in harmony with people´s rights, wide and consistent public policies on sexual and reproductive health and a good management of public resources. Along with this, it is necessary to devise a non-coercive legal framework with regard to voluntary termination of pregnancy that sticks to the recommendations of the international organizations and matches the legislation of the neighboring countries with similar sociocultural realities. That said, a weigth legislation, barely interventionist, respectful towards ideological and religious pluralism of the Spanish

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society and whose main target is to offer legal safeguards to women and healthcare professionals.

Within the current social and health context, a possible legal restriction on women's access to voluntary abortion would be discordant with the health needs of women and families and be added to the stoppage suffered by public policies on reproductive health and the inexistent social protection of maternity. All this exacerbate the deprivation in which many mothers, children and families are living in.

The biased public action and the governmental negligence will increase the social and health risks to women and mothers and would subject children, and vulnerable families who live in poverty to unfair and avoidable adversities.

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aplicación de los derechos de los pacientes en la asistencia sanitaria transfronteriza.

CONSTITUTIONAL PRINCIPLES IN SPAIN

- Constitución Española: Artículo 10.1 sobre la Dignidad de las personas. Artículo 10.2. sobre los derechos fundamentales que se interpretarán de conformidad con la Declaración de Derechos Humanos y los Tratados Internacionales. Artículo 15 sobre el derecho a la vida y a la integridad física y moral de todos/as. Artículo 43.1 sobre el derecho a la protección de la salud. Artículo 43.2 sobre el Deber de tutela de la salud pública.
- Sentencias del Tribunal Constitucional 53/1985, 212/1996 y 116/1999.

RELATED SPANISH LAWS

- Código Penal Español (RCL 1995/3170). (Delitos contra la libertad y la integridad de la persona.)
- Ley Orgánica 1/1996 de Protección Jurídica del Menor de 15 de Enero.
- Ley 41/2002, de 14 de noviembre, básica reguladora de la autonomía del paciente y de derechos y obligaciones en materia de información y documentación clínica.
- Ley 51/2003, de 2 de diciembre, de igualdad de oportunidades, no discriminación y accesibilidad universal de las personas con discapacidad.
- Ley 16/2003 de cohesión y calidad del sistema sanitario.
- Ley 3/2005, de 18 de febrero, de Atención y Protección a la Infancia y la Adolescencia.
- Ley 39/2006 de 14 de diciembre, sobre Promoción de la autonomía personal y atención a las personas en situación de dependencia.
- Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres y hombres.
- Ley Orgánica 2/2010, de 3 de marzo, de salud sexual y reproductiva y de la interrupción voluntaria del embarazo.
- Ley 26/2011, de 1 de agosto, de adaptación normativa a la Convención

7 International treaties, constitutional principles and related laws

Internacional sobre los Derechos de las Personas con Discapacidad.

- Ley 33/2011, de 4 de Octubre, General de Salud Pública. Artículo 6.

DEONTOLOGICAL CODES

- Código de Deontología Médica. Artículo 51.1 sobre la dignidad e integridad de los pacientes. Artículo 55.3 sobre la obligación médica de proporcionar a la mujer gestante información adecuada, fidedigna y completa sobre la evolución del embarazo y el desarrollo fetal.

8 Statements made by scientific societies and medical professionals

- Declaración de la Sociedad Española de Salud Pública y Administración Sanitaria ante las posibles modificaciones de la Ley Orgánica de Salud Sexual y Reproductiva y de Interrupción Voluntaria del Embarazo, Diciembre 2013. http://www.sespas.es/adminweb/uploads/docs/Declaracion%20SESPAS%20aborto.pdf
- Manifiesto de la Sociedad Española de Anticoncepción y de la Asociación Española de Pediatría Social sobre el Anteproyecto de la nueva ley del aborto, Enero 2014. http://pedsocial.wordpress.com/2014/01/10/manifiesto-de-las-sociedades-cientificas-sobre-el-anteproyecto-de-la-nueva-ley-del-aborto/
- Comunicado de la Asociación Española de Diagnóstico Prenatal ante el a nuncio sobre la posible modificación de la ley de salud sexual y reproductiva, y de la interrupción voluntaria del embarazo (LO2/2010) realizado por el Ministro de Justicia, Diciembre 2013. http://www.aedprenatal.com/sites/default/files/Comunicado%20AEDP%20modificacion%20LO%202_2010%20Diciembre%202013%20sin%20info%20colegiado_0.pdf
- Posición de la Asociación Española de Neuropsiquiatría y Profesionales de Salud Mental sobre el Anteproyecto de la Ley del Aborto, Enero 2014. http://www.aen.es/images/aen_aborto.pdf
- Sociedad Española de Ginecología y Obstetricia. Manifiesto sobre el Anteproyecto de Ley de interrupción voluntaria del embarazo. http://www.sego.es/Content/noticias/22.1.14%20SEGO%20y%20Ley%20Aborto.pdf
- Manifiesto de 1900 profesionales sanitarios. Ningún cambio es conveniente cuando una norma es acorde a la realidad social y sanitaria del país. http://www.medicosypacientes.com/articulos/archivos/ManifiestoAnteproyectoIVE%20(1).pdf

9 Reports by public bodies

- Informe al Anteproyecto de Ley Orgánica para la protección de la vida del concebido y de los derechos de la mujer embarazada del Consejo General del Poder Judicial.
  http://www.poderjudicial.es/cgpj/es/Poder_Judicial/Consejo_General_del_Poder_Judicial/Actividad_del_CGPJ/Informes/Informe_al_Anteproyecto_de_Ley_Organica_para_la_proteccion_del_concebido_y_de_los_derechos_de_la_mujer_embarazada.

- Informe del Comité de Bioética de España sobre el Anteproyecto de Ley Orgánica para la protección de la vida del concebido y de los derechos de la mujer embarazada.
  http://www.comitedebioetica.es/documentacion/docs/Informe%20Anteproyecto%20LO%20Proteccion%20Concebido.pdf

- Informe del Consejo Fiscal al Anteproyecto de Ley Orgánica para la protección de la vida del concebido y de los derechos de la mujer embarazada.
  INFORME_CF_ANTEPROYECTO_LO_ABORTO.pdf

- Consejo General de Colegios Oficiales de Médicos de España. Declaración Institucional al Anteproyecto de Ley de Interrupción Voluntaria del Embarazo.
  http://www.cgcom.es/noticias/2014/02/14_02_17_declaracion_omc

- Col.legi Oficial de Metges de Barcelona. Document de posició de la Junta de Govern sobre la interrupció de l'embaràs.
  http://www.comb.cat/cat/actualitat/noticies/noticies_fitxa.aspx?Id=5B0DzwggPlGPrmpw7aSWXw%3D%3D

10 Declaration of authorship

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The Board of Directors of Asociación Salud y Familia endorses this report which highlights its pro-choice approach that matches the mission and values of the entity. At the same time, in the light of the provided evidence, Asociación Salud y Familia declares its opposition to the *Draft Organic Law on the protection of the life of the unborn and the rights of the pregnant woman.*

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