

# Safe abortion amid the COVID-19 pandemic: The case of Italy

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An estimated 56 million induced abortions occur globally every year, of which 54.9% are unsafe.<sup>1</sup> This is a major public health issue, especially where access to legal abortion is highly restricted, resulting in an estimated 7.9% of maternal deaths annually due to unsafe abortion.<sup>1</sup>

Italy passed the Legalization of Abortion: Law 194 in 1978 in which the country set forth the regulations governing the procedures for obtaining induced abortions,<sup>2</sup> which now account for a rate of approximately 10 per 1000 women, similar to the rates of other countries in northwestern Europe. As reported by the Istituto Superiore di Sanità, the reduction of induced abortion in past decades appears to be related to improved uptake of fertility control methods and the important role of maternal and child health clinics.<sup>3</sup>

Health emergencies such as the current COVID-19 pandemic are considered in national legislations to enable response activities that go beyond routine health control measures, such as restrictive quarantine strategies, re-allocation of health resources, and minimizing elective and non-urgent health services. While the Italian Government rapidly enacted such measures in March, no details were provided on how to conserve access to voluntary interruption of pregnancy. Concurrently, some ultra-conservative groups have initiated an online petition to block women's abortion rights by claiming that abortion is not an essential service during the pandemic.

In France, the National College of French Obstetricians and Gynecologists (CNGOF) has called for remote consultations and medical abortions at home to be made available during the pandemic; similarly, in the UK the government recently approved the use of abortion pills at home to avoid the risks of women attending clinics.<sup>4</sup>

Medical abortion accounts for less than one-fifth of the total pregnancy interruption interventions performed in Italian public hospitals, and is only considered an outpatient procedure in five out of 20 Italian regions.<sup>5</sup> However, the World Health Organization welcomes self-management using the abortion pill without direct supervision of a healthcare provider during the first trimester and under specific circumstances.

Improvement of women's access to abortion care is warranted in the current epidemic situation through continued access to key services, with early medical abortion pills delivered to homes protecting women and healthcare staff from unnecessary facility visits.

## AUTHOR CONTRIBUTIONS

All authors equally contributed to the preparation of the manuscript. SB had primary responsibility for final content. All authors read and approved the final manuscript.

## CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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## Domestic violence amid COVID-19

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In the midst of the COVID-19 pandemic, “stay at home” has become the mantra of governments and public health organizations alike. But for victims of domestic violence, home is often not a place of safety. Staying at home not only places survivors of domestic violence at risk for further violence, but also isolates them from networks of support. Containment policies may lead to higher rates of domestic violence, substance abuse, anxiety, major depression, suicide, and other manifestations of unmet mental health needs. Job losses and financial insecurity may tip at-risk relationships into violence.

The United States National Domestic Violence Hotline recently reported that many callers have indicated that their abusers are capitalizing on precautions related to COVID-19 to further restrict their access to support networks.<sup>1</sup> Although there is a lack of data on domestic violence in relation to the pandemic response, research on domestic violence during times of natural disaster provides some insight. After Hurricane Andrew hit Florida in 1992, the United States Center

for Disease Control found that “one third of 1400 surveyed residents reported someone in their home had lost verbal or physical control in the two months since the hurricane”.<sup>2</sup> More recently, a qualitative study of 30 Australian women aged 20–60 years found that domestic violence increased after a 2009 bushfire despite no increase in formal reporting.<sup>3</sup>

Since local crises increase the prevalence of interpersonal violence in affected communities, it is likely the COVID-19 pandemic is exposing countless individuals to circumstances with high risk for violence. Worldwide, one in three women experience either intimate partner violence or non-partner sexual violence within their lifetimes.<sup>4</sup> The United Nations and WHO recognize violence against women as a major public health burden as victims may suffer from immediate physical trauma, sexually transmitted diseases, unwanted pregnancies, unsafe abortions, and mental health issues.<sup>4</sup> Organizations and responders must come together to quantify the burden of domestic violence during the COVID-19 pandemic and mobilize resources to