

Körper

und Sexualität

Abortion

Abortion

What you should know –
What you should keep in mind

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Information contained in this brochure

You are pregnant and are considering having your pregnancy terminated. You are likely to have lots of questions regarding this difficult situation.

You are entitled to support and counselling during this decision-making process. In this brochure, pro familia summarises all the necessary information that you need in this situation.

This brochure addresses the questions that women often ask during counselling.

The focus is on the presentation of the basic legal and medical conditions for an abortion with impunity in Germany.

In Germany, women deciding in favour of abortion can choose between two different methods of abortion: surgical abortion and abortion by means of medication with mifepristone (Mifegyne®)¹. This brochure provides information on both methods.

Other important information concerns the costs that arise from having an abortion, as well as funding options for the abortion.

Whether or not you decide to terminate your pregnancy is entirely your decision. This very personal decision cannot and must not be made by anybody else but you. This brochure is here to accompany you in your decision-making and to provide you with useful information. It cannot and is not intended to be used instead of counselling by an authorised counselling organisation.

If you have any questions that are not dealt with in this brochure, please contact your counsellor or physician.

The first steps: Preparation

In what circumstances is abortion exempt from punishment?²

Legal regulations stipulate that there are three possibilities according to which abortion is possible without punishment in Germany.

1. Abortion in line with the counselling provision
2. Abortion on medical grounds

¹ The substance mifepristone is used for medical abortions. The preparation registered in Germany is called Mifegyne®.

² Extracts from the Criminal Code regarding abortion can be found in appendix 2 (p. 39).

3. Abortion on grounds relating to a crime.

The legal requirements are different for each reason for abortion.

Please see below for an overview of the stipulations:

1. Abortion in line with the counselling provision

Around 97% of all abortions in Germany are carried out in accordance with this provision.

The following requirements must be satisfied:

- No more than twelve weeks must have elapsed since fertilisation (or seven weeks in the case of medical abortion). Further information can be found under »Time limits« on page 8.
- The law stipulates that counselling and the corresponding counselling certificate are required (see page 7).
- The abortion cannot be carried out until four days have elapsed since the counselling has finished. Further information can be found under »Time limits« on page 8.
- The abortion must only be carried out by a physician.

2. Abortion on medical grounds

- There is a medical indication that continuing the pregnancy would greatly endanger the life and the physical or psychological health of the woman. Counselling is not required by law, although it can be utilised. Further information on abortion on medical grounds can be found on page 25.

3. Abortion on grounds related to a crime

- There are grounds relating to a crime if it is highly likely that the pregnancy was caused by a sexual crime, for example rape. Counselling is not required by law, although it can be utilised. Further information on abortion on grounds relating to a crime can be found on page 25.

What does the counselling address?

The counselling session provides an opportunity to discuss the reasons you might have to terminate your pregnancy.

During this session you are entitled to talk openly about all the questions and issues that you are facing in this situation. If you wish, you can take your partner or other persons along to the session.

The legal mandate of this counselling session is to motivate you to continue the pregnancy. However, you do not have to fear that you need to justify yourself or that you will be pressed during this session to state your reasons or to change your decision if you have already made one.³

The counselling is a service; however, the decision regarding whether or not you will continue your pregnancy is entirely yours.

You are entitled to support from the counselling session to find a solution to the problems that lie behind you considering aborting your pregnancy. During the counselling session you can obtain information regarding the support and legal entitlements that are available to you to facilitate carrying on with your pregnancy and to open up perspectives for a life with the child.

Among these is the offer to support you in accepting financial and other entitlements, finding accommodation and looking for childcare possibilities. You will also be supported in continuing your studies/training. During the counselling session you can also talk about personal problems and problems relating to your family and your relationship that have occurred due to the established pregnancy (psychosocial counselling).

The counselling interview is completely confidential! The counsellors are bound by the duty of confidentiality. They are not allowed to pass on information about your person or the contents of the session to anybody without your consent, not even to their colleagues. Other persons (e.g. the father of the child, experts and close relatives) can participate in the counselling, however only with your consent.

The counsellors are, however, bound by law to keep anonymised records of the basic contents of counselling sessions. These records are used solely to evaluate and document the work of the counselling organisation.

³ The law states: It is »expected that the pregnant woman will inform the counsellor of her reasons for considering an abortion. The purpose of the counselling is not to press the woman to talk or cooperate.« As the »counselling is to be conducted so as to leave the decision open and on the premise that the responsibility lies with the pregnant woman. The counselling should be encouraging and understanding, not reproving and patronising«. (§ 5 of the Pregnancy Conflict Act)

You can remain anonymous! The counselling must be carried out anonymously if this is your wish. You do not have to state your name, either when making an appointment for the counselling session or when in direct contact with the counsellor.

Counselling is free of charge!

You can attend several counselling interviews if you wish.

The counselling certificate

Once you have completed the counselling session, the counselling service provides you with a certificate stating that mandatory pregnancy conflict counselling took place, complete with your name and the date.

This counselling certificate does not contain any information about the contents or the course of the session. If you would like to remain anonymous, another person in the counselling organisation other than your counsellor can issue the certificate.

Even if, after the counselling session, the counsellor believes that a continuation of the discussions would be sensible or necessary, there will not be a delay in the issuing of a counselling certificate if a continuation of the counselling would make it impossible to observe the 12-week deadline.

Where can I find the right support centres?

Pregnancy conflict counselling services have to be specially recognised by the state.

These can be found in the telephone directory or on the Internet, for example »pro familia«, »Arbeiterwohlfahrt« (workers' welfare organisation), »Diakonisches Werk« (social service agency of the church), »Donum Vitae«, »Deutsches Rotes Kreuz« (German Red Cross), as well as »Beratungsstellen« (counselling centres) or »Schwangerenberatung« (counselling for pregnant women). Gynaecologists can provide information on counselling centres in your local area.

The General Medical Council responsible for your area can inform you about physicians who are qualified as counselling organisations (relatively rare). Furthermore, you can also obtain information on counselling organisations from local centres for women or women's counselling centres.

In many cities there is a pro familia counselling centre in which all of your questions can be addressed in detail and free of charge. Addresses for the pro familia counselling centres can be obtained from the regional association of pro familia (for addresses see page 48) or online at www.profamilia.de.

You can also visit a counselling centre in a different federal state if you do not find any services that meet your requirements locally.

What time limits have to be observed?

In order to carry out an abortion in accordance with the »counselling provision« without punishment, no more than 12 weeks (»legal calculation method«) must have passed since fertilisation. When calculating the 12-week time limit it is generally assumed that fertilisation occurred two weeks after the start of the last period. As such, the 12th week after fertilisation normally corresponds to the 14th week after the start of the last period (»medical calculation method«).

However, many women have periods despite already being pregnant. The date that you give for your last period is therefore not the only criterion applied by physicians. The progress of the existing pregnancy can be determined by gynaecological examination and ultrasound. The physician carrying out the termination is responsible for the correct abortion. In Germany abortion by means of medication with mifepristone (also see page 17) may only be carried out until the end of the seventh week after fertilisation (this corresponds to the ninth week after the start of the last period).

Some medical institutions only carry out an ambulant, surgical abortion up to ten or twelve weeks after the start of the last period (i.e. eight or ten weeks after fertilisation). Ask when registering if you are within the applicable time limit at the respective institution.

If not, request information about a different institution. According to law, the counselling must take place at least three days prior to the abortion. This means that there must be three full calendar days between the day of counselling and the intervention. As a result, the earliest that the abortion can be carried out is on the fourth day after the date stated on the counselling certificate. If for example the counselling has taken place on a Monday, the abortion must not be carried out before the following Friday.

In the event of **an abortion on medical grounds** there is no legal time limit within which the abortion has to be carried out. However, a three-day limit has been stipulated since 2010 which the physician has to consider before issuing the certificate about the existence of the indication. The three-day limit is calculated as follows: in the case of prenatal diagnostic findings, the three days begin with information being provided about the diagnosis; in the case of other medical indications, the period starts with counselling by the physician who issues the indication (see page 25). This time limit does not apply if there is immediate danger to the life of the pregnant woman.

In the case of **an abortion on grounds relating to a crime**, the abortion must be completed by the end of the twelfth week after fertilisation.

Which institutions offer abortion services?

If the counselling is carried out by a physician, she/he must not carry out the abortion herself/himself.

An abortion can be carried out in institutions where the required aftercare is ensured. Such institutions are

- pro familia medical institutions,
- practice clinics or day units,
- doctors' surgeries with suitable equipment as well as in
- hospitals.

You can find information about local institutions from state-authorised counselling centres for pregnancy conflicts. If you are in a position to choose between a surgical abortion and an abortion by means of medication (see page 13), please make thorough enquiries beforehand to find out which institutions offer the respective possibilities. In many cases your options will be limited by the area in which you live. However, you also have the option of travelling to a different location to have the abortion carried out should you wish to do so.

Surgical interventions can only be carried out on an outpatient basis in those institutions that fulfil the necessary requirements for outpatient surgeries.

Medical abortions with mifepristone can also be carried out in institutions where no outpatient surgeries are available. However, the institution must provide the appropriate level of aftercare.

Should you decide to have the abortion carried out in a hospital, please find out in advance whether you need to be admitted for the

procedure. If this is the case, you may need to cover hospital admittance costs yourself.

Furthermore, it is also helpful to know if the hospital uses the gentle vacuum aspiration: it is significantly safer and less painful than the scraping method (curettage).

Many hospitals only perform abortions in cases where there is an indication confirmed by a physician. They may also wish to re-check the indication themselves (see chapter »abortion with indication«).

A surgical abortion is often only carried out in hospitals under general anaesthetic. Usually the intervention is carried out one day after admission, meaning that you have to stay in hospital for at least two days. There is, however, usually no medical reason for admission if the abortion is carried out before week 14 (calculated from day 1 of the last period).

pro familia runs medical institutions, and there are also medical institutions that cooperate with pro familia in Berlin, Bremen, Hamburg, Hesse, Rhineland-Palatinate and the Saarland (see page 42). These institutions offer the following services:

- pregnancy test
- medical information and counselling
- surgical abortion as an outpatient (with local anaesthetic. Most centres also offer abortion under general anaesthetic if desired.) or medical abortion with mifepristone (not in Hamburg)
- follow-up examination.

The medical institutions do not, however, carry out the legally prescribed counselling, i.e. they do not issue a counselling certificate and do not determine any indication for abortion (exception: Hamburg). Kindly contact the support centres on page 7 for the certificate and indication.

How much does it cost?

Counselling in an authorised counselling centre, for example pro familia, as stipulated by law, is free of charge for you and any persons who might accompany you.

The question as to whether or not costs will arise, and to what extent, depends on a range of factors: for example, which abortion method is applied, what kind of insurance you have and how much you earn.

The cost system for **an abortion performed on medical grounds or grounds relating to a crime** can be found on page 27.

The cost of an abortion

1. If you have statutory health insurance:

In the event of an abortion in line with the counselling provision: **if your income exceeds the upper limits stated under 3 (see below), you have to bear the cost of the actual abortion yourself.** Your health insurance fund will cover the costs of the medical consultation prior to the abortion, medical services and medication before and after the intervention and, where required, for medical treatment of complications. **Statutory health insurance does not cover the cost of the actual abortion (including the cost of mifepristone and prostaglandin in the case of a medical abortion).**⁴

If you pay for the abortion yourself, you will receive an invoice based on the medical fee structure.

The amount must not exceed 1.8 times the basic fee in accordance with the medical fee structure.

A surgical (outpatient) abortion costs approximately €460, whilst a medical abortion costs around €360.

If the abortion is carried out in combination with a stay in hospital over several days you will have to pay the daily hospital fee yourself.

2. If you do not have statutory health insurance:

Private health insurance funds do not cover any costs for an abortion in line with the counselling provision either. However, the arrangement for coverage of the fees applies if women are insured privately and do not have an income or only have a very low income⁵ (see box below).

Without an agreement for coverage of cost, the fee structure for physicians applies as the basis for a private medical invoice. Please enquire about the costs prior to the intervention at the institution that will carry out the abortion.

3. Cost coverage for those with low incomes

The »Law concerning crisis pregnancies« regulates the coverage of costs for abortions of pregnancy in accordance with the counselling provision for women with little or no personal income. The income or the assets of

⁴ In accordance with the ruling of the Federal Constitutional Court from 28th May 1993, the statutory health insurance funds may fully cover these costs only if the lawfulness of the abortion is certified by a physician, in the case of an abortion on medical grounds or relating to a crime.

⁵ For women not insured with a statutory health insurance company different contact persons are in charge. For services before and after the abortion the respective provider is in charge (social welfare, aid, private health insurance fund). For medical services immediately relating to the abortion, the woman can contact a health insurance fund of her choice in the case of little or no personal income. The respective contract that you entered into is the basis for services from private health insurance funds.

the life partner or the parents are not considered here. These regulations do not depend on your type of insurance.

The following requirements are important:

- Your available net personal income is less than €1,011 (as of July 2011) per month.
- For each dependent child the income level is increased by €239 both in the old and new federal states.
- If the rent exceeds €297 in the old federal states, or €271 in the new federal states, the income level is increased by up to €297.
- You do not have any income immediately available.
- The requirements are considered to be fulfilled if you receive social benefits ⁶ or live in a home, an institute or similar institution and the cost of the accommodation is covered by a social service provider or the youth welfare services.

What do you have to do for the costs to be covered?

- The application for the absorption of costs has to be filed before the abortion is carried out. Costs will not be covered retrospectively.
- The costs are covered by the federal state in which you live. However, the application has to be filed with your statutory health insurance fund.
- The form can be ordered by phone and you can return it as soon as you have completed it. In order to save time, you can also visit your health insurance fund in person, where the attestation will be handed over to you immediately.
- If you do not have statutory health insurance, you can collect the application form from a statutory health insurer of your choice in your local town.
- The declaration of absorption of costs that will be issued by the health insurance fund will be forwarded to the physician carrying out the abortion.

When applying for absorption of costs you do not need to justify the abortion, however you have to furnish evidence about your personal financial circumstances.

⁶ Ongoing assistance towards living expenses under Book Twelve of the Social Code, assistance to secure the living expenses under Book Two of the Social Code, educational assistance under order of the Federal Employment Agency on individual promotion of vocational training or on employment and career promotion for disabled persons, benefits under the Asylum Seekers Benefits Act or educational assistance under the Federal Educational Assistance Act.

Abortion

What happens during an abortion?

In Germany most abortions are carried out within fourteen weeks of the start of the last period (this corresponds to twelve weeks after fertilisation). The following medical explanations are therefore limited to abortions within this time frame.

Consultation of a physician prior to abortion

Regardless of the method you choose, the physician carrying out the abortion has the following duties in accordance with the law:

- The physician has to give you the opportunity to reiterate the reasons why you wish to terminate your pregnancy. However, it is your decision if you want to discuss these or not.
- The physician is bound to give you detailed information about the meaning of the abortion, in particular about the procedure, the consequences, risks and possible physical and psychological effects. She/he is obliged to answer your questions in a clear and understandable manner.
- The physician has to send specific data to the Federal Department of Statistics about the abortions that they carry out. It is understood that your name will not be passed on; however the physician will ask you some details that are not in direct connection with the abortion (e.g. your marital status, number of underage children living in your household etc.).

The surgical abortion

Local or general anaesthetic?

The surgical abortion can be carried out either under local or general anaesthetic.

In the case of local anaesthetic, the anaesthetic is injected into the cervical canal via the vagina. You are conscious during the intervention; however, some institutions may administer an anaesthetic prior to the

intervention. You may suffer from menstruation-type cramps during the aspiration, but every woman experiences the pain differently.

In the case of general anaesthetic (usually a short anaesthesia for abortions), an anaesthetic is administered via a vein in your arm. You are not conscious during the intervention. The general anaesthetic is administered by an anaesthetist. It may be necessary to conduct an examination to establish tolerance to the anaesthetic (heart, circulation, respiratory organs and allergies) prior to the anaesthetic being administered.

General precautionary measures such as having an empty stomach before the intervention and suffering from an impaired ability to drive after the intervention also apply in cases where a general anaesthetic is administered.

If you suffer from allergies or cardiovascular problems it is important to inform the anaesthetist beforehand.

You should also discuss any alcohol or substance abuse with the anaesthetist.

The immediate effects of the anaesthetic (somnolence, circulatory problems) largely subside around two hours after the anaesthetic has been administered.

There is a steady increase in the number of abortions that are being carried out under general anaesthetic. The good compatibility and manageability of modern anaesthetics is a clear reason for this.

Your desire to be conscious when the abortion is performed may play a role when the type of anaesthetic is chosen.

Experience shows that a conscious participation in a quiet, undramatic and quick procedure may have a relieving effect on women when it comes to dealing with the abortion.

Overview – Local or general anaesthetic?

Local anaesthetic

No preliminary examination relating to the anaesthetic required

No risks / consequences of the anaesthetic
Rare allergic reactions to the anaesthetic are possible

Conscious experience of the intervention

Intervention can cause cramp-like pains

General anaesthetic

Counselling and an examination with regards to anaesthetic tolerance may be required

Anaesthesia risks:
Possible allergic reactions, cardiovascular disorders, anaesthesia effects like somnolence

Intervention is not experienced consciously

Intervention is pain-free; during the recovery phase cramp-like pains might be felt

The intervention

Below we describe the most common and most gentle method of surgical abortion – the aspiration, also called vacuum aspiration or suction curettage.

Small metal rods are inserted into the vagina to widen the uterine cervix. A thin cannula is inserted into the uterus and the pregnancy tissue is removed. The intervention takes about five to ten minutes. It can cause pulling cramp-like pains similar to those experienced at the beginning of a heavy period.

Your personal condition, the respective medical approach and any medical particularities of the individual case will be used to decide whether or not medication is given before, during or after the surgical abortion. Discuss with your physician what medication is prescribed for what purpose.

After the abortion, women whose blood rhesus factor is negative will be administered an injection to inhibit the formation of antibodies to avoid any danger to subsequent pregnancies. It is, therefore, important to determine the blood group prior to the abortion.

Outpatient or hospital admittance?

Most women choose to have the surgical abortion carried out as an outpatient (97.4 percent in 2010). This means that you can return home after a short rest (accompanied by someone in the case of general anaesthetic). It is important that you rest for some days after the abortion and that you do not carry out any strenuous physical work.

In many outpatient institutions it is possible that the person accompanying you can be with you after the abortion, sometimes even during the intervention.

Enquire about this upon registration.

A hospital stay is hardly ever required for medical reasons; it is only necessary in cases where a pregnancy with medical indication is terminated at an advanced stage or when there are illnesses that can only be controlled in hospital.

Are there any lasting health risks?

As is the case for all medical interventions, there may be complications when performing an abortion. In practice, however, this only happens to very few women. Surgical abortions may cause bleeding and inflammation that can generally be treated without any problems.

It is important that this is done at an early stage. If an inflammation is not cured quickly and completely it can lead to secondary health damages, for example salpingitis. This can impair future fertility.

In very rare cases there may be injuries to the uterus or intolerance of the anaesthetic during an abortion.

In the case of strong bleeding, caused by injury to the uterus, admittance to hospital is required in very rare cases.

In rare cases, there is a possibility that the pregnancy is not aborted. This especially applies in the case of very early interventions (up to the fifth week after the start of the last period). If you still feel like you are pregnant after two weeks it is important to have a check-up to determine if the abortion was carried out completely. As a rule it is recommended to have a medical check-up after a fortnight.

The fewest complications occur when the pregnancy is terminated between the seventh and the ninth week of the pregnancy, and if the treatment is carried out by a physician with experience in the aspiration method.

Medicated abortion using mifepristone

If you opt for an abortion with medication, please remember that you must visit your physician three times for this procedure. It is therefore sensible that the institution that you select to carry out the procedure is close to your place of residence during the treatment period (14–21 days, including the follow-up examination).

What are the effects of mifepristone?

Mifepristone is an artificial hormone. It has a similar structure to the natural hormone progesterone which significantly contributes to the development and maintenance of a pregnancy.

Due to its similar structure, mifepristone can block the effects of progesterone by binding itself to the progesterone receptor instead of the progesterone. Without the effect of the progesterone the pregnancy can no longer be maintained.

The result is bleeding and the pregnancy is terminated, similar to a spontaneous miscarriage of an impaired pregnancy.

Furthermore, mifepristone causes the uterine cervix to soften and widen and also leads to contractions of the uterus.

Additional prostaglandin has to be taken or inserted as a tablet or suppository into the vagina 36–48 hours after taking mifepristone. Prostaglandins are hormones that cause the uterus to contract and to expel the pregnancy tissue with bleeding.

How is mifepristone administered?

A total of three visits are required to a physician for an abortion of pregnancy by means of medication with mifepristone.

- During the first visit it is discussed if an abortion by means of medication is suitable. If there is no obstacle, mifepristone is taken in tablet form under supervision of the physician. Afterwards you can leave the clinic or the hospital. Some women (about 3%) experience bleeding the day after taking mifepristone. The bleeding is similar to a heavy to normal period and often lasts seven to twelve days.
- During a second visit to the clinic or hospital, to be made after 36 to 48 hours, the prostaglandin has to be taken or inserted into the vagina as a suppository or tablet. You must then remain under

observation for about three hours. In most cases the abortion takes place during this time; however, every fourth woman takes more than 24 hours. In order to increase the efficacy of the method, three hours after the first administration of prostaglandin, a second one can be effected if no bleeding has occurred until then.

- A follow-up examination is required after 14 to 21 days to ensure that the abortion was completed.

How effective is mifepristone?

The combined application of mifepristone with prostaglandin leads to a complete abortion in around 96 percent of all cases.

Recent studies show that this value can be increased to 98 percent with a second administration of prostaglandin. In all other cases the abortion or the removal of remaining tissue has to be completed with surgery.

When is an abortion with mifepristone not possible?

Mifepristone must not be administered

- if there is a concrete suspicion of a pregnancy outside the uterus (e.g. tubal pregnancy),
- if the pregnancy has been running for more than nine weeks since the start of the last period,
- in the case of chronic liver and adrenal gland diseases,
- in the case of serious and insufficiently treated asthma,
- in the case of known allergy to mifepristone or to another component of the drug,
- in the case of known intolerance to prostaglandins.

Mifepristone should also not be used in the case of kidney or liver failure or malnutrition.

Coils should be removed prior to the application of mifepristone.

The efficacy of a long-term cortisone therapy may be reduced after taking mifepristone. In this case, the dosage of cortisone is to be adjusted accordingly.

Are there any lasting health risks?

In the case of an abortion with medication you may experience pain in the lower abdomen after administration of the prostaglandin. Most women compare these pains to the ones they experience during a period. Experience shows that one in five women ask to be given painkillers for these pains.

Furthermore, prostaglandins may cause gastro-intestinal problems such as nausea, diarrhoea or vomiting.

Longer and heavier bleeding is possible (as a rule this bleeding lasts seven to twelve days). In very rare cases heavy bleeding might require medical treatment.

There is a possibility that the pregnancy will continue or that the abortion will not be completed. In both cases surgery is required to complete the abortion.

Surgical or medicated abortion?

The decision for a surgical abortion or an abortion by means of medication cannot be taken based on objective medical criteria.

Both methods have advantages and disadvantages; neither method is better, gentler or more suitable for all women. In reality it is more important that every woman decides for herself whether she would prefer the surgical or the medication method.

The conscious experience of an abortion with medication is seen differently by women. For many women it is good to experience the abortion actively and to be the acting party. On the other hand, other women prefer to have as little exposure as possible to the procedure, thus preferring an abortion under general anaesthetic.

Surgical or medicated abortion?

	Surgical abortion	Abortion by means of medication with mifepristone
What is the abortion procedure?	By means of medical, surgical intervention (aspiration); local anaesthesia or general anaesthesia is required	By means of taking two doses of medication as tablets under medical supervision
	Possible either as outpatient or during a stay in hospital	Outpatient
Up to which gestational age is abortion possible?	Up to week 12 after fertilisation (14th week after the last period)	Up to week 7 after fertilisation (9th week after the last period)
How long does the abortion process take?	A few hours with preparation and a subsequent resting phase; the intervention itself only takes a few minutes	The method takes several days and two visits to the physician or hospital at intervals of 36–48 hours are required
	Follow-up examination after about two weeks	Follow-up examination after one to two weeks
Are there any side effects?	There is the possibility of nausea after the anaesthesia, pain in the lower abdomen, bleeding	Cramp-like pains in the lower abdomen, nausea, rare cases of vomiting, diarrhoea

Surgical or medicated abortion?

	Surgical abortion	Abortion by means of medication with mifepristone
What complications may occur?	Health complications are rare; bleeding, inflammation with subsequent impaired fertility; injuries to the uterus; incompatibility of anaesthetic	Health complications are rare; heavy bleeding, surgical intervention is required in the case of non-expulsion
How effective is the method?	Complete abortion in almost 100 percent of cases	Complete abortion in 96–98 percent of all cases; otherwise surgical intervention required
Possible advantage of the method	Very quick, hardly any physical complaints afterwards	Can be carried out at a very early stage (on positive testing of the pregnancy), no anaesthetic
Possible disadvantage of the method	Often carried out after just week 6–7 of the pregnancy, possible anaesthesia	The woman requires time, the treatment takes several days, possible pains, bleeding for a longer time

After the abortion

What has to be kept in mind after the abortion?

After a **surgical** abortion it is normal to experience abdominal pains and bleeding. However, this does not affect all women. Often the bleeding starts on the day of the intervention and corresponds roughly to a normal period in terms of heaviness and duration.

Some women, however, do not start with heavy bleeding until the third to fifth day after the treatment. Spotting often occurs for one to two weeks afterwards.

Contact your physician if you have a high temperature (above 38 degrees Celsius) for more than a day or if the bleeding or the pains are stronger or persist for longer than described. These symptoms could be a result of some mucous membrane remaining in the uterus. Treatment with medication is often sufficient.

There is only a requirement for further aspiration (re-aspiration) in very rare cases.

Heavy bleeding, pain, a high fever (above 38.5 degrees Celsius) as well as sickly smelling discharge may suggest inflammation.

This should be treated immediately. Bed rest and antibiotics are often required.

In the case of an abortion **by means of medication**, the bleeding is usually longer and heavier (seven to twelve days) compared to a surgical abortion. In rare cases the bleeding may require treatment. As such, you should spend the first few days after the abortion at a place where you can quickly reach a hospital. Some institutions offer a stand-by service for questions and emergencies during this time.

A high body temperature (as described above) is typically a sign that something is wrong, even for an abortion by means of medication.

Regardless of the treatment method you should rest after the abortion and avoid physical strain. After the abortion you can ask your physician to issue a sick note. From the day of the intervention you should monitor all symptoms and observe your body temperature.

In order to avoid infection, ensure that nothing can get inside your vagina during the first days after the abortion:

- Do not use any tampons. Instead use sanitary towels and change them frequently.
- Refrain from having intercourse.
- Also refrain from bathing and swimming. However you can have a shower or wash yourself.

Pregnancy symptoms (for example nausea, sore breasts and tiredness) will subside after a few days. After about 10 days most women will have completed the involution phase. Sometimes it may also take longer. As such, it can be a good idea to have a follow-up examination with your physician after about two weeks.

If you are on sick leave after the abortion

If you are on sick leave after an abortion you have the right to remuneration even if there was no indication.

As is the case for other types of illness, you are not obliged to inform your employer about your reason for not coming to work.

Fertility after an abortion

The next ovulation will usually occur after two to four weeks, with the next period occurring after about four to six weeks. The new cycle starts immediately after the abortion or, in the case of abortion by means of medication, after the administration of prostaglandin.

The fact that you became pregnant means that this could happen again in the future. If you do not wish to become pregnant in the future you should take appropriate contraceptive measures. Women wishing to use oral hormonal contraceptives (the pill) can start on the evening of the administration of the prostaglandin or the next morning. Physicians and authorised counselling centres can provide information concerning how to avoid further unwanted pregnancies.

The psychological state after an abortion

The way a person deals with an abortion depends on the psychological and external conditions affecting them. It is also possible that the type and course of the abortion may play a role in the way it is dealt with. Feelings range from relief to mourning; from high spirits to depression – anything is possible. The period immediately after the abortion may be dominated by feelings of depression, insomnia and a disturbed, emotional balance.

This reaction is also connected to the hormonal change and will generally subside with the involution phase. Long-term studies have shown that abortion does not have any effect on the psychological state of women.

For some women, however, the abortion remains a lasting burden. This may also be the case if the abortion was carried out due to strong moral rejection or pressure. Another cause might be a wanted pregnancy that was aborted for medical reasons, or if the abortion was the result of painful arguments or separation or even if the woman is undergoing a difficult situation in her life generally. Talking to other women in the same situation or with counsellors who are familiar with this development can be of great benefit here. Many pro familia counselling centres and support centres for women offer individual and group meeting therapies after the abortion.

Authorised pregnancy counselling centres (see page 7) are at your disposal even after the abortion in case you have psychological or social problems.

What should be kept in mind for further abortions?

Abortion is not a method for routine family planning. This is why the legally prescribed conflict counselling also includes counselling on ways to avoid another unwanted pregnancy.

Around one-third of women who have an abortion will have another one. For many women, this is an unpleasant situation, as they had the firm resolution not to get into the same situation again.

As a result, they may avoid talking to others about the situation and sometimes even change physicians to spare themselves the dreaded condemnations. This results in them rarely coming into contact with other women in similar situations.

Legal provisions do not prescribe any limitations for repeated abortions.

Previous abortions cannot be detected, not even by a physician. For each abortion you have the right to be treated with respect and with the utmost medical care.

If the abortion was carried out early, with the required medical expertise and gentleness, you do not have to fear that one or more abortions will have a negative effect on later wanted pregnancies. The risk of inflammation that is present for every surgical abortion should however always be considered.

Abortion on medical grounds or on grounds relating to a crime

Abortion on medical grounds or on grounds relating to a crime is legally different from an abortion in line with the counselling provision.

Abortions on medical grounds or grounds related to a crime are not only non-punishable; they are also legally justified.

What are the indications and which special requirements apply?

The law provides for two cases: abortion on medical grounds and abortion due to a criminal act. The time limits that have to be observed for both cases can be found under »What time limits have to be observed?« on page 8.

1. As per § 218a of the Criminal Code, an **abortion on medical grounds** requires that »under consideration of the present and future living conditions of the pregnant woman, the termination of the pregnancy is advisable to avert a danger to life or the danger of a grave impairment of the physical or emotional state of health of the pregnant woman and the danger cannot be averted in another way which is reasonable for her«.

Medical reasons can also be justified if you opt for an abortion as a result of medical suspicions that there will be serious damage to the health of the child. In this situation, the legal grounds depend on whether your physical or mental health will be seriously endangered by continuing the pregnancy.

The law takes into account that there may be life situations in which it is highly possible that a woman will not be able to cope with this particular stress, even without serious inhibitions to her physical or psychological health.

The indications have to be established by a physician.

Since 2010, a legal counselling duty has applied to all medical indications.

The physician determining the indication is bound to inform the woman about the physical and psychological aspects of an abortion, as well as about her rights to psychosocial counselling. They also have to inform the pregnant woman about contact with counselling centres.

When compelling evidence indicates that the health of the child will be impaired, the physician communicating the diagnosis must counsel the woman as to the medical, psychological and social aspects of the diagnosis and advise her about the type of assistance available to help her to cope with the physical and psychological demands involved.

With the pregnant woman's consent, contact is to be established with a suitable counselling service and also with self-help groups and disability associations.

The counselling is a provision that should take the additional requirement for information and support of the pregnant woman and her family into account. Counselling is voluntary for the concerned parties and can also be refused.

The physician who has established the indication must not perform the abortion herself/himself.

2. § 218a paragraph 3 of the Criminal Code states that the provisions of an abortion on **grounds relating to a crime** are met if there are compelling reasons which indicate that the pregnancy was caused by a sexual offence. This is for example the case if the woman became pregnant as the result of rape, or if she is not yet 14 years old. Even in the case of a criminological indication the indication is determined by a physician (not by the state prosecutor's office or police). It is once again stipulated that the person who established the indication must not perform the intervention. In the case of an abortion on grounds relating to a crime, the offence does not have to have been reported.

In the case of an abortion on grounds relating to a crime, there is also no obligation to attend counselling. Women are, however, also invited to attend a counselling centre should they wish to do so. The abortion for this indication can only be carried out until the end of the twelfth week after fertilisation (see section »Time limits« on page 8).

The following applies for both medical and criminological cases: the determination of the indication has to be made in writing (e.g. letter from a physician) and presented to the physician carrying out the abortion before the intervention. You can ask to receive the certificate that proves that grounds exist for the abortion to ensure that the physician performing the abortion receives it in due time. Alternatively you can discuss with the physician determining the indication who the certificate should be sent to.

The costs of an abortion on medical grounds or grounds relating to a crime

1. If you have statutory health insurance:

You are entitled to all the services required for a proper abortion.

2. If you do not have statutory health insurance:

Private health insurance funds have generally only refunded the costs of abortions on medical grounds. You need to check to see if your private health insurance covers the costs in the case of a criminological indication on a case-by-case basis. You should certainly apply for it.

If you are receiving social benefits or if your accommodation costs are borne by a social service provider or youth welfare service you are entitled to all the services required for a proper abortion.

Further questions

What do women under 18 years need to know?

An underage pregnant woman can have the pregnancy confirmed, can attend the counselling and utilise the services provided, and can receive an indication for an abortion without the consent of her parents. The counsellor's duty of confidentiality also applies towards the parents. The same applies in cases where the custody has been transferred to other persons.

Teenagers are often afraid to talk to their parents about their pregnancy, as they fear trouble and reproach. Counselling centres often find that many teenagers are supported by their parents once they have plucked up the courage to talk to their mother or father. Counselling can also help in such cases.

Underage persons always require the consent of the custodian/s. If an underage woman wishes to have an abortion without this consent, the treating physician has to ensure that she is of reasonable and sound mind. This means that she understands the consequences of the intervention and that she can weigh up the pros and cons to make a responsible decision. This has to be decided individually on a case-by-case basis; however, the answer is generally positive for women over 16 years. Despite this, some physicians require the consent of at least one parent for the purposes of legal protection.

For pregnant girls under 14 years there is always a criminological indication. This is confirmed by a physician. If the indication is provided the health insurance fund covers the costs. The offence does not have to be reported for this purpose⁷.

The following also applies for teenagers: the abortion must not be carried out against their will.

Do the parents or partner have a say regarding the decision?

Only you have the right to decide whether to continue with or to abort the pregnancy (within the scope of the legal regulations described here). Your husband, your partner or your parents do not have a say. Very often the persons directly concerned decide together. However, in some cases, the partner or the parents of the woman may want to force her to either continue or abort the pregnancy. In these circumstances, it is sensible to talk to someone you know or to a counsellor in a counselling centre to discuss how you can reach an autonomous decision and withstand the pressure. You yourself are responsible for your decision.

Are there different regulations for non-German nationals?

German legal requirements also apply to non-German nationals. You do not need the consent of your husband or parents (exception see chapter »What do women under 18 years need to know?« on page 27).

In the case of abortion by means of medication, ensure that you have a clear residence status during the three required visits to the physician so that the treatment does not have to be terminated prematurely, e.g. due to risk of deportation.

⁷ 176 StGB 1 (1) Whoever commits sexual acts on a person under fourteen years of age (child) or allows them to be committed on himself by the child, shall be punished with imprisonment from six months to 10 years.

Requirements concerning exemption from punishment for women – a short summary

This brochure describes the way to have an abortion that is carried out by physicians without punishment. For reasons of clarity below we provide a further summary of what has to be observed to ensure that an abortion remains exempt from punishment for the woman:

- You have to attend counselling (page 5). The abortion must not be carried out until four days have elapsed from when the counselling is completed. An abortion without prior counselling is only permitted if a physician has determined an indication (page 25).
- The abortion must only be carried out by a physician.
- No more than fourteen weeks must have passed since the last period (page 8).
- After the fourteenth week, abortion is only permitted if a medical indication is determined by a physician.

Abortion remains legal for the woman (although not necessarily for the physician) even after the 14th week has passed and without a medical indication if the following conditions are met:

- The abortion has to be carried out before the start of week 23 after fertilisation and
- Counselling at an authorised counselling centre must have taken place prior to the abortion.

If there is no indication confirmed by a physician in your case, it is important that you go for counselling and ask for the counselling certificate. Never allow someone to carry out the abortion if you have doubts concerning whether or not they are a physician.

You can also have an abortion abroad.

The legal regulations of the respective country apply.

Some additional criminal sanctions apply solely to physicians. Besides the physicians, it may be the case that other persons who help you to have an abortion that is not in accordance with the law have to face criminal proceedings regarding the abortion.

If you are questioned by the police in possible preliminary proceedings, you are recommended to refuse to give evidence until you have received advice from a lawyer.

This applies even in cases in which you are sure that you have acted in line with the law. The pro familia support centres can provide you with further information on what has to be kept in mind.

Appendix 1

Entitlements, social benefits and aids for pregnant women, parents and children

This section provides a summary of the most important legal rights and social benefits that may play a role when deciding whether or not to continue a pregnancy.

Virtually all benefits depend on the individual case in question. That means you should check to ensure that you meet the requirements that entitle you to the respective legal rights or social benefit in your particular situation.

You should also check to find out what amount of social benefit you can claim. Finally, it is also important to find out where you can claim the respective legal right or apply for the social benefit. We cannot provide all this information in this brochure, and laws and provisions and the amounts of individual social benefits are subject to change.⁸ Your counselling centre will support you in applying for benefits.

You should also enquire about possible further entitlements and benefits that are not listed here, for they apply only in rare situations.

Our counsellors will be happy to provide you with further information on this topic.

At the end of this appendix you will find a list of aids and benefits that are not based on any legal entitlement. Still, such resources might play an important role in your decision-making. Please refer to a counselling centre for more information on this topic.

⁸ The information contained in this brochure is correct as of June 2011.

Statutory entitlements and benefits:

Maternity leave

- Exemption from work for 14 weeks. Generally 6 weeks before the delivery date calculated by the physician and 8 weeks after delivery (maternity period). In the case of premature birth or multiple births, the maternity leave is extended to 12 weeks after birth. In the case of a premature delivery, the period of maternity leave after birth is extended by the number of days that could not be taken before delivery.
- Protection against dismissal during pregnancy and 4 months after delivery (even during probation).

Responsible body:

Gynaecologist,
employer

Generally the trade
supervisory Office

Maternity benefits

- Medical care (incl. midwife care) for pregnant women, mothers and children, including the costs of delivery, covered by the health insurance company or social services.

Gynaecologist or
paediatrician, health
insurance fund,
social services

Maternity pay and extra grants

During the maternity protection period (see above)

- You will continue to receive your net income, both in cases of mandatory or voluntary insurance with a statutory health insurance fund (partly as maternity pay amounting to €13 per calendar day from the health insurance company, the rest as a grant from your employer).

Health insurance funds,
employer

- Maternity pay amounting to max. €210 by the Federal Social Insurance Authority, if you work and do not have a personal health insurance policy (e.g. private health insurance, family insurance or in the case of part-time employment). In addition, employees receive a grant from their employer (difference between €13 and the net income).
- Self-employed women with statutory health insurance receive maternity pay amounting to sickness benefit provided that you are entitled to it.

Parental allowance

- Wage indemnification, calculated in accordance with the previous monthly income of the caring parent. The amount of parental allowance received depends on the amount of lost income for the parent taking care of the child. The parental allowance is 67% of the lost net income if this was between €1,000 and €1,200 before the birth. In the case of a net income of more than €1,200, the percentage decreases by 1% for each €20 until 65% of the net income before the birth. In the case of an income of less than €1,000 before the birth, the percentage is increased by 1% for each €20 below €1,000 up to 100%.
- For mothers and fathers without any income, for example persons receiving unemployment benefit II, students or housewives, a minimum parental allowance of €300 per month is paid independently of the income. The parental allowance is credited in full as income for the unemployment benefit II, social welfare payments and supplementary child benefit. People who were employed before the birth of their child receive a tax exemption for the parental allowance

Responsible body:

Federal Social Insurance Authority, employer

Health insurance fund

Different in each federal state, mostly pension office or youth welfare office

equal to their income, however max. €300 as of 1.1.2011. This tax exemption for parental benefits is not credited to the said benefits.

- In the case of other social benefits, e.g. housing benefits and Germany's Federal Education Assistance Act (BAföG), the parental allowance is considered as income only if it exceeds the minimum limit of €300.
- Subsequent state education allowance; in some federal states (different amounts and income limits).

Parental leave

- Working mothers and fathers have an entitlement to parental leave until the end of the third year of the child's life. Protection against dismissal generally applies during parental leave. You are entitled to part-time work of up to 30 hours per week.

Child benefit

- Child benefit is paid independently of the income. At present it is €184 per month for the first and second child, €190 for the third and €215 for each additional child.

Childcare and childcare benefits

- Social scaling of the parental fees to nurseries, kindergartens and crèches.
- In exceptional cases the costs are partly or fully covered by the youth welfare office (this also applies to child minder/day carer services where applicable).

Housing benefit

- Grant to cover the cost of rent (or a grant for homeowners), depending on the family income and the rent (or the liabilities for property).

Responsible body:

Different in each federal state; information can be obtained from the pregnancy counselling centre

Employer, supervising authority; different in each federal state

Family payments section of employment office

Operator of the nursery, kindergarten or crèche

Youth welfare office

Housing benefit offices of the municipal or district administration

Social housing

- The entitlement to be considered for the placement of social housing depends on the income and the number of family members. Pregnant women are given priority when it comes to the allocation of social housing. The decision is taken by the landlord.

Entitlements and benefits in the case of low income and unemployment:

- People who are not able to support themselves or can do so only in part from their own income or assets are entitled to unemployment benefit II. It is granted as assistance to meet the cost of living or in particular life situations, e.g. during pregnancy. In the case of pregnant women or mothers whose children are less than 6 years old, no checks are carried out to determine if the parents of the woman have to contribute to her income.
- Unemployment benefit I (only applicable if you can work)
- Child benefit supplement of max. €140 for families on a low income
- Unemployment benefit II (if you are able to work, i.e. if you can work at least 3 hours per day. This regulation does not apply if the child is less than 3 years of age). As of week 13 of the pregnancy, pregnant women can apply for additional expenditure due to pregnancy amounting to 17% of the standard rate.

Responsible body:

Different in each federal state, municipality or district

Social welfare department

Employment office

Employment office;
employment office's family
payments section⁸
Employment office

⁸ Information under
<http://www.bmfsfj.de/Kinderzuschlagrechner/>

Entitlements and benefits in the case of debt:

- As of 1 January 1999 there are new regulations for the insolvency of private persons (consumer insolvency) with the possibility of cancelling remaining debts.

Responsible body:

Information can be obtained from debt counselling centres

Education grants

- BAföG: This is a student grant dependent on the income of the student (pupils and students), their married partners and parents. In the case of students, half of the sum is a grant and the other half an interest-free loan. The entitlement is increased by a childcare allowance of €113 for the first and €85 for each additional child if trainees live with their children (under 10 years) in one household.

Office for educational financing

Assistance for persons returning to work

- Assistance to cover the cost of living and education during and after an interruption of the professional activity of mothers and fathers dependent on their income.

Employment office

Special entitlements for single parents and benefits available to them:

- Child alimony advance payment: Single parents receive the child alimony advance payment for up to 72 months, max. up until the child's 12th year, in cases where the other parent does not pay any obligatory child support (or an insufficient amount). The rates are €133 per month for children up to 6 years and €180 per month for children over 6 years.

Youth welfare office

- Caretaking alimony:
Single mothers are entitled to receive alimony payments from the father of the child for up to three years after the birth, if she cannot work due to the care or upbringing of the common child.
- Cost of child caretaking and house-keeping (household allowance) can be deducted from taxes.
- Single parents enjoy better regulations for parental benefit.
- Allowance for single parents in the case of unemployment benefit II.

Responsible body:

Father of the child

Tax office

See relevant offices for the mentioned benefits

Employment office

Special entitlements for families with disabled persons and persons requiring care and benefits available to them:

- Parents of disabled children are entitled to care insurance benefits and, if they do not suffice, to social benefits. Higher expenses for disabled children can be deducted from tax. Disabled persons are entitled to medical, professional and social rehabilitation.

Care insurance (normally with the health insurance fund), social welfare department, tax office, pension office, employment office

Entitlements for non-German nationals and benefits available to them:

- The aforementioned entitlements and benefits also apply to non-German nationals living in Germany if they are in possession of a residence permit or right of residence and working permit.
- There may be limitations depending on the status relating to foreign nationals.

See competent offices for the respective benefits

Information at the counselling centres

Social benefits without any legal entitlements:

State foundations and emergency funds

If the social benefits to which you are legally entitled do not provide any or an insufficient level of cover you can apply for subsidies from different foundations and emergency funds. The subsidies are granted depending on your income and mainly in the case of particularly difficult life situations.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Grants from the federal foundation »Mutter und Kind – Schutz des ungeborenen Lebens« (mother and child – protection of unborn life) | <p>Different in each federal state</p> |
| <ul style="list-style-type: none"> • Grants from federal state foundations (»Familie in Not« (family in need) or others); not in all federal states | <p>Different in each federal state</p> |
| <ul style="list-style-type: none"> • Grants from the emergency funds of municipalities and districts (only in some municipalities and districts) | <p>Different in each municipality or district</p> |
| <ul style="list-style-type: none"> • Grants from church emergency funds | <p>Church counselling centres</p> |

Counselling

There are a number of counselling centres that you can consult in case of special questions and problems that play a role in your decision regarding whether to continue or abort the pregnancy. The pregnancy counselling centres, which often provide further services themselves, will help you in your search to find the right ones. Many daily newspapers regularly publish available counselling services in their circulation area. Welfare organisations and administrations of municipalities, cities and districts offer information on counselling services. The following list refers to counselling services that are often requested in connection with a pregnancy:

Counselling for which purpose?

- Problems in relationships, marriages, families and problems in life in general, also separation, divorce
- Education problems, development disorders, relationship problems within the family
- Debt
- Violence in relationships / marriage / family
- (Suspected) illness or disability with genetic background or caused by prenatal damage
- Health problems, such as drugs, addiction, AIDS
- Rights and entitlements of non-German nationals

Where?

Counselling centres for marriages, family matters and life, [pro familia](#)

Counselling centres for children, teenagers and parents (counselling centres for education and family matters)

Debt counselling centres

Women's refuges, child protection centres, [pro familia](#), telephone counselling at emergency and counselling centres, personal counselling hotline

Physician, pregnancy counselling centres, [pro familia](#), human genetic counselling centres

Physician, counselling centres for drug, addiction problems and AIDS

Welfare organisation counselling centres (Arbeiterwohlfahrt (workers' welfare organisation)), Caritas, Deutsches Rotes Kreuz (German Red Cross), Diakonisches Werk (social service agency of the church), Paritätischer Wohlfahrtsverband (Federation of Welfare Associations in Germany)

Appendix 2

Criminal Code (extracts):

§ 218 - Abortion

(1) Whoever terminates a pregnancy shall be punished with imprisonment for no more than three years or with a fine. Acts, the effects of which occur before the conclusion of the nesting of the fertilised egg in the uterus, shall not qualify as termination of pregnancy within the meaning of this law.

(2) In especially serious cases the punishment shall be imprisonment from six months to five years. An especially serious case exists as a rule, if the perpetrator

1. acts against the will of the pregnant woman; or
2. recklessly causes the danger of death or serious health damage of the pregnant woman.

(3) If the act is committed by the pregnant woman then the punishment shall be imprisonment for no more than one year or a fine.

(4) An attempt shall be punishable. The pregnant woman shall not be punished for attempt.

§ 218a Exemption from punishment for the termination of pregnancy

(1) The elements of the offence described under § 218 have not been fulfilled, if

1. the pregnant woman requests the termination of the pregnancy and has demonstrated to the physician with a certificate pursuant to § 219 paragraph 2, sent. 2 that she had counselling at least three days before the operation,
2. the termination of the pregnancy was performed by a physician; and
3. no more than twelve weeks have elapsed since fertilisation.

(2) The termination of pregnancy performed by a physician with the consent of the pregnant woman shall not be unlawful, if, considering the present and future living conditions of the pregnant woman, the termination of the pregnancy is advisable to avert a danger to the life

or the danger of a grave impairment of the physical or emotional state of health of the pregnant woman and the danger cannot be averted in another way which is reasonable for her.

(3) The prerequisites of paragraph 2 shall also be deemed fulfilled with relation to a termination of pregnancy performed by a physician with the consent of the pregnant woman if, according to medical opinion, an unlawful act has been committed against the pregnant woman under § 176 to 179 of the Penal Code; strong reasons support the assumption that the pregnancy is based on the act; and no more than twelve weeks have elapsed since fertilisation.

(4) The pregnant woman shall not be punishable under § 218a if the termination of pregnancy was performed by a physician after counselling (§ 218) and no more than twenty-two weeks have elapsed since fertilisation. The court may dispense with punishment under § 218 if the pregnant woman was in exceptional distress at the time of the operation.

§ 218b Termination of pregnancy without a medical determination; incorrect medical determination

(1) Anyone terminating a pregnancy in cases described under § 218a paragraph 2 or 3, without the written determination from a physician who did not perform the termination themselves, as to whether the prerequisites of § 218a paragraphs 2 or 3 existed, shall be punished with imprisonment for no more than one year or with a fine if the act is not punishable under § 218.

Any physician making an incorrect determination, against his better judgment, as to the prerequisites of § 218a paragraphs 2 or 3, for presentation under sentence 1, shall be punished with imprisonment for no more than two years or with a fine if the act is not punishable under § 218. The pregnant woman shall not be punishable under sentences 1 or 2. (...)

§ 218c Breach of medical duties during a termination of pregnancy

(1) Whoever terminates a pregnancy,

1. without having given the woman an opportunity to explain the reasons for her request for a termination of pregnancy,

2. without having given the pregnant woman medical advice about the significance of the intervention, especially about the order of events, after-effects, risks, possible physical or psychological consequences,
 3. in cases under § 218a paragraphs 1 and 3, without having previously convinced himself on the basis of a medical examination as to the length of the pregnancy; or
 4. despite counselling the woman in a case under § 218a paragraph 1, pursuant to § 219,
- shall be punished with imprisonment for no more than one year or with a fine if the act is not punishable under § 218.

(2) The pregnant woman shall not be punishable under paragraph 1.

§ 219 Counselling of pregnant women in an emergency or conflict situation

(1) The counselling serves to protect unborn life. It should be guided by efforts to encourage the woman to continue the pregnancy and to open her up to the prospects of a life with the child; it should help her to make a responsible and conscientious decision. The woman must thereby be aware that the unborn child has its own right to life with respect to her at every stage of the pregnancy and that a termination of pregnancy can therefore only be considered under the legal order in exceptional situations when carrying the child to term would give rise to a burden for the woman which is so serious and extraordinary that it exceeds the reasonable limits of sacrifice.

The counselling should, through advice and assistance, contribute to overcoming the conflict situation which exists with regards to the pregnancy and remedying an emergency situation. Further details shall be regulated by the Act on Pregnancies in Conflict Situations.

(2) The counselling must take place pursuant to the Act on Pregnancies in Conflict Situations through a recognised pregnancy conflict counselling agency. After the conclusion of the counselling on the subject, the counselling agency must issue the pregnant woman with a certificate including the date of the last counselling session and the name of the pregnant woman in accordance with the Act on Pregnancies in Conflict Situations. The physician who performs the termination of pregnancy is excluded from being a counsellor.

Appendix 3

Medical institutions provided by pro familia and its partners

pro familia

Institut für Familienplanung

Hollerallee 24
28209 Bremen
Telephone
+49 (0)421 / 3 40 60 10

Medizinische Einrichtung für Schwangerschaftsabbruch und Nachsorge

Quintinsstrasse 6
55116 Mainz
Telephone
+49 (0)61 31 / 2 87 66 66

Medizinisches Zentrum pro familia GmbH

Mainzer Straße 106
66121 Saarbrücken
Telephone
+49 (0)6 81 / 96 81 76 77

pro familia-Institut

Lahnstrasse 30
65428 Rüsselsheim
Telephone
+49 (0)61 42 / 1 34 10

Partner

Familienplanungszentrum
Berlin e.V. Balance
Mauritius-Kirch-Strasse 3
10365 Berlin
Telephone
+49 (0)30 / 5 53 67 92

Familienplanungszentrum e. V.
Bei der Johanniskirche 20
22767 Hamburg
Telephone
+49 (0)40 / 4 39 28 22

Online resources

<http://www.profamilia.de>
<http://www.abtreibung.at>
<http://www.svss-uspda.ch>
<http://www.abbruch.verhuetung-abc.de/>
<http://www.schwanger-in-bayern.de>
<http://www.nhs.uk/conditions/abortion/Pages/Introduction.aspx>

Any further questions?

If you would like to find out more or have further questions, consult a doctor or a pro familia advisory centre. At [pro familia](#) we offer comprehensive information and advice on all aspects of abortion. We always make time for you.

Your rights are important to us

When you come to **pro familia**, you have the right to comprehensive information and advice. No matter what brings you to us, we will take you seriously and will be mindful of your dignity as a person. We will deal with your enquiries confidentially and make sure your privacy remains safeguarded at all times. You will be met by professionally experienced staff, both men and women, who are bound to confidentiality and will advise you even if you wish to remain anonymous.

When you come to **pro familia**, you have the right to your own opinions and decisions. We want to give you useful information free from prejudice so that you can make your own decision about what to do; for example, how you can avoid getting infected by sexually transmitted diseases and whether or not you want to use further services of ours in relation to this.

You are welcome to come to **pro familia** many times. You are entitled to follow-up advice, and we will stay in contact over a longer period of time if you would like. If we can't help you with something, we will let you know about other organisations that specialise in the specificities of your particular case. We will support you on your way there.

And we don't know everything. But we can only fix up any weak points or mistakes when we know about them. So we rely on your critical opinions. Talk to us openly: your right to criticise is helpful for us.

Our counselling should benefit you

In advising you it is important that we give you comprehensive information in a comprehensible way. Please consider whether or not we have done that successfully: can you come to a decision now, or do you still have questions? If you have, then don't be afraid to phone us or visit us again. You are welcome to bring your partner along too at any time.



Your opinion counts

Dear readers,

pro familia wants to provide information on sexuality, contraception and relationships in a reliable and easily understandable way. We are continually working on improving our services. We would therefore be very interested in learning from you how satisfied you were with the brochure »Abortion«.

Your age _____

Your gender

Female Male

Where did you receive the brochure?

- pro familia advisory centre
- Other counselling institution
- Doctor's surgery or pharmacy
- School
- Private person
- Other _____

What other information would you have liked to see provided?

Other suggestions/comments

Do you feel fully informed after reading the brochure?

Yes No Don't know

How easily understandable was the text in the brochure?

Very understandable Fairly understandable Acceptable Not understandable

Please complete, cut out and send to:

pro familia Bundesverband

Stresemannallee 3

60596 Frankfurt am Main

or fax to: +49 (0) 69 / 2 69 57 79-30

Many thanks!





Surname

First name

Street, house number

Postal code, city

Place
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pro familia Bundesverband

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pro familia brochures

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Broschürenreihe

Verhütungsmethoden

- Chemische Verhütungsmittel*
- Das Frauenkondom*
- Das Kondom*
- Die Pille*
- Die Portiokappe
- Die Spirale*
- Hormonale Langzeitverhütung*
- »Pille danach« und »Spirale danach«*
- Sterilisation*
- Vaginalring*
- Verhütungspflaster*

Broschürenreihe Körper und Sexualität

- Chlamydieninfektion*
- Menstruation*
- Körperzeichen weisen den Weg*
- Lustwandel. Sexuelle Probleme in der Partnerschaft*
- Sexualität und körperliche Behinderung*
- Sexualität und geistige Behinderung*
- Sexuell übertragbare Krankheiten*
- Schwangerschaftsabbruch*

Broschürenreihe Sexualität und Älterwerden

- Wechseljahre*
- Wenn Probleme auftauchen...*

Broschürenreihe Schwangerschaft

- Vorgeburtliche Untersuchung*
- Unerfüllter Kinderwunsch*

Informationsmaterialien für Jugendliche

- Deine Sexualität– deine Rechte*
- Auf Nummer sicher mit der Pille danach*
- Man(n) nehme... ein Kondom, das passt*
- Mädchen, Junge. Junge, Mädchen*

Fremdsprachige Materialien

- Empfängnisregelung – womit? (In Französisch*, Griechisch, Italienisch, Persisch, Portugiesisch, Rumänisch, Serbokroatisch, Spanisch)
- Medikamentöser Schwangerschaftsabbruch (In Serbokroatisch*und Türkisch*, Faltblatt)
- Schwangerschaftsabbruch (In Serbokroatisch*, Russisch* Englisch*, und Türkisch*)
- »Pille danach« und »Spirale danach« (In Russisch* und Türkisch*)
- Verhütung (In Arabisch-Deutsch*, Polnisch-Deutsch*, Englisch-Deutsch*, Kroatisch-Deutsch*, Russisch-Deutsch*, Spanisch-Deutsch* und Türkisch-Deutsch*)

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