Aletta Jacobs Award

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Former Aletta Jacobs awardees

2012: dr. Els Borst-Eilers

Approval minister Borst for the abortion ship

Permissie minister Borst voor abortusboot



22 JULI 2002

F. Kievits M.T. Adriaanse

Citeer dit artikel als: **Ned Tijdschr Geneeskd. 2002;146:1386-7**

OP DEZE PAGINA

Artikelinformatie
Gerelateerde artikelen
Reacties

Met de goedkeuring van overtijdbehandelingen met de abortuspil mifepriston op de zogenoemde abortusboot, heeft minister Borst van Volksgezondheid de helft van de Tweede Kamer tegen zich in het harnas gejaagd (*Trouw*, 4 juli 2002). De CDA-woordvoerster voor volksgezondheid, Clemence Ross, zei dat een nieuwe regering zal proberen het besluit van de scheidend bewindsvrouw terug te draaien (*NRC Handelsblad*, 1 juli 2002).

1998: dr. Gunilla Kleiverda
2020: drs. Khadija Arib



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Aletta on War

In conversation with a German general I insisted that war was unthinkable in civilized countries because the people had become too developed for it. How wrong I was then in the mentality of the people in the different countries!

(Aletta Jacobs, Herinneringen. transsiberie express 1912, two years before the second worldwar, pagina 291)

Ukraine: UN chief calls for safe passage from conflict zones, rights body records 1,123 civilian casualties, WHO outlines health concerns



© UNICEF/Viktor Moskaliuk | On 5 March 2022 in western Ukraine, children and families make their way to the border to cross into Poland.

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September 22, 2021
14:45 GMT

By RFE/RL

Russia Announces Plan To Halve Abortion Rates To Spur Population Growth

MOSCOW -- Russia's government has approved measures aimed at halving the number of abortions carried out in the country before 2025, according to a document published on its website.

The plan is part of the government's latest long-term blueprint for improving the demographic situation in the country through 2025, amid a recently resumed decline in population growth after a decade of sluggish but stable increases.

The blueprint also sets forward plans for a significant reduction in infant and maternal mortality, and a rise in general reproductive health.



SEE ALSO:
Rising Mortality Rates Challenge Russia's Efforts To Kick-Start Population Growth

As part of the new measures regarding abortion, the authorities plan to improve public access to legal, psychological, and medical assistance for pregnant women considering terminating their pregnancies.

The program also sets out the goal of ensuring that 80 percent of women considering an abortion undergo consultations with a doctor, with a focus on increasing the likelihood that they reject the procedure.

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Aletta on Activism

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Although we were personally opposed to the actions of the suffragettes, on this journey we experienced that probably only through their actions the eyes of all women in the world had been opened to the subordination of men, and that they could find improvement through united resistance. in the most remote corners of Asia and Africa we were told of the suffragette movement, apparently because the newspapers spread sensationalism almost everywhere but kept a complete silence about orderly action for useful and necessary reforms. Often we have both said to each other: a sensational performance appears necessary to set the world upside down for a world interest. For example, it was explained that when a large group of women in China wanted to claim their rights, they started to smash the windows in a parliament building

(Aletta Jacobs, Herinneringen, world travel 1911-1912, page 288-289)



Saunderton Station, Buckinghamshire was damaged by members of the Suffragettes as part of their escalating campaign for voting rights. (PA Archive)



St Catherine's church, Hatcham, London, burnt down by suffragettes on 6 May, 1913. (PA Archive)

In 1913, suffragettes burned down the Nottingham Boat Club building on the Trent Embankment, becaus
it was a men-only organisation.

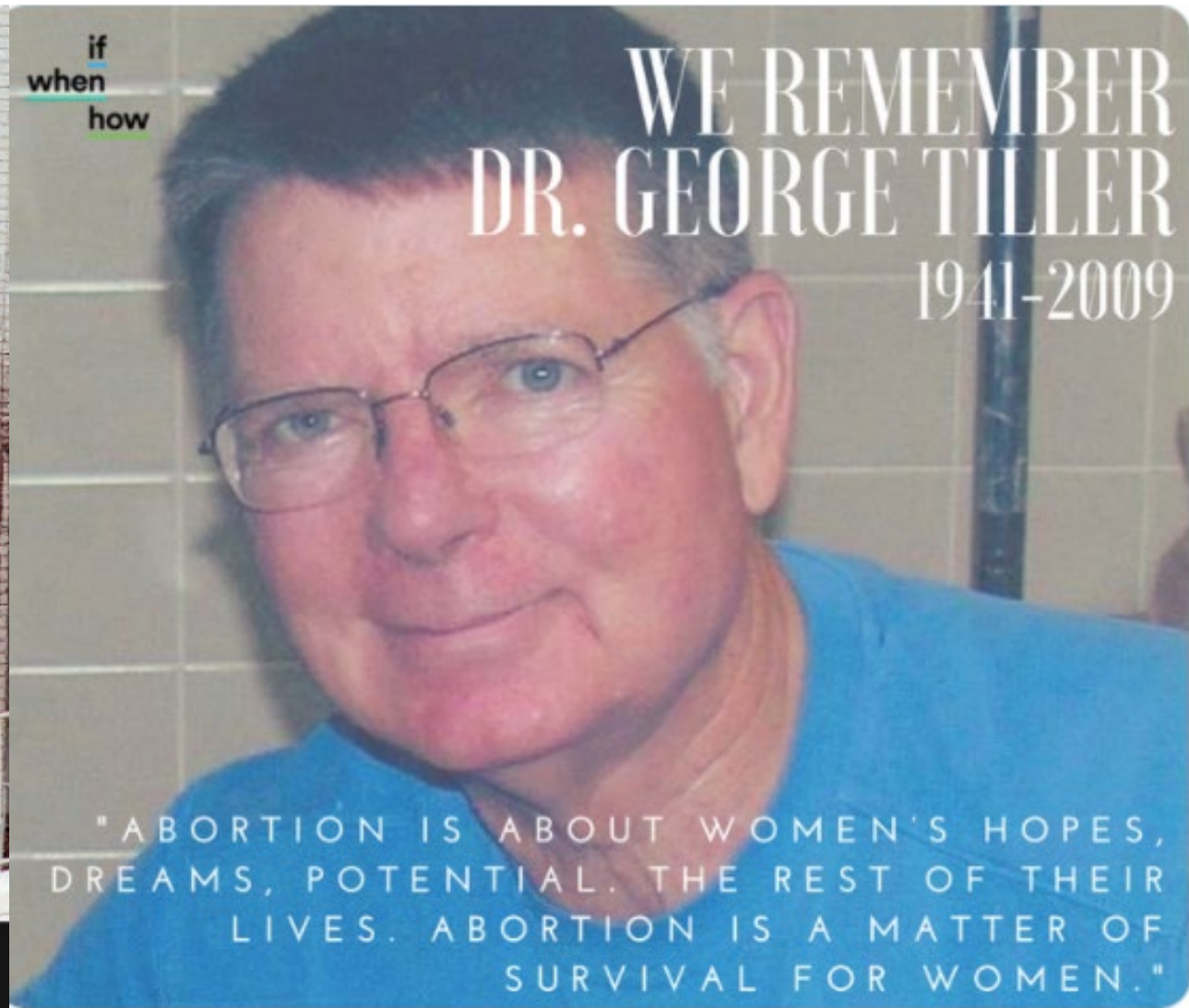




A crowd gathers at Roughwood House, Chorleywood, after suffragettes set fire to it. Picture credit: Ginnie Jenkins

Since 1977 there have been eight murders, 17 attempted murders, 42 bombings, and 186 arsons targeted at abortion clinics and providers across the United States







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independent.ie

abortion train - Google Search

Pro-cho

NEWS OPINION BUSINESS SPORT LIFE STYLE ENTERTAINMENT TRAVE

Defiant pro-choice activists re-created the landmark contraceptive train of the 1970s earlier today by travelling to Belfast to bring back illegal abortion pills.

Up to 30 women and pro-choice TDs travelled the 'abortion pill train' and took the tablets to a rally in Dublin on their return.





HI 21°C | Lo 12°C Belfast | WEATHER

Belfast Telegraph DIGITA

HOME NEWS SPORT BUSINESS ENTERTAINMENT LIFE CARS OPINION T

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Home › News › Northern Ireland

Three women take abortion pills at pro-choice rally outside court

Tablets and robots also seized by police as campaigners deman change in law



Activist Eleanor Crossey-Malone takes what appears to be an abortion pill

By Victoria Leonard
June 1 2018

Police have seized two robots that pro-choice activists had planned to use to deliver abortion pills during a highly-charged demonstration outside Belfast's High Court yesterday.

Jex Blackmore Swallows Abortion Pill on Fox News: "It's Literally This Easy"

2/1/2022 by **RAMONA FLORES** and **CARRIE N. BAKER**





Launch first Safe Abortion hotline Ecuador 2008



growing flowers. Warm sunny days promote growing while the cold nights are critical in preserving the buds. Rain, surprisingly, is

days for each bud to grow tall, bloom and be cut, depending on the variety. I have plants that are 14 years old." Says Los Alamo owner

tion can be bought 25 for a dollar on the streets of Quito.

platonic love.
Bottom: The 11 hectare farm has 700,000 rose plants/

Fairer Sex: Women in Ecuador make their voices heard

Your decision: A the phone number of where women can information about how to have a safe abortion. Abortion is illegal in Ecuador.

By Kathleen Prevost

kathleen@kathleenprevostphotography.com

Women's rights are on Quito's mind, whether it be to have a job, have an abortion, or have a relationship free of abuse.

In Café Libro just outside La Mariscal a benefit was held June 12 to call attention to the large amounts of violence that often go unpublicized. The event was organized in response to an attack on one of Colegeio Americano's teachers and her boyfriend while climbing Pinchinca. Carolyn Corry, a co-worker of the woman, said "It's really shocking...People don't seem to know about violence towards women here and that's terrible because it happens all the time."

The idea for the benefit was brought to life by Tanya Thompson, an art teacher at Colegio Americano. She organized about 30 people to participate in a ribbon campaign, displaying artwork, performing music, and reading selections from the popular play *The Vagina Monologues*. The night of the event, over 100 people turned up to support the cause and enjoy the show. Tickets cost $5 and proceeds went to the non-profit group Centro Ecuatoriano de Promoción y Acción de Mujer (CEPAM). CEPAM will use the money to provide legal services for victims of assault.

Although statistics vary, a common number is 6 out of 10 Ecuadorian women experience violence in their own home. Virginia Gómez, director of CEPAM, says unfortunately entertaining awareness events like the one at Café Libro are very rare. More common are formal talks and demonstrations, like the one held at Hotel Quito on June 17th. Here groups from Portugal and Holland were represented in the mission to promote legal abortion.

Abortion is illegal in Ecuador unless the pregnant women's life or health is threatened, or when the pregnancy is the result of a rape of a woman who is mentally disabled or insane. Abortion is equally prohibited in many other Latin American countries. During the event, organized by a youth action group, a bus drove up to El Panecillo where the giant statute of the Virgin Mary looks down over Quito. Demonstrators hung a huge cloth stating "Secure Abortion" and the phone number 099004545, a hotline that women can call if they are considering the procedure.

Gómez says foreigners play a minimal role in the violence but women tourists should take extra precautions while in Ecuador. She said, "Foreign women are more vulnerable. There's a confusion because the perception is that Westerners are more free sexually, leading men to try to take advantage of that."

As both events came to a close there was a collective sense of pride in being involved as well as a realism that the world won't change with one banner or song. Thompson said, "In the end we raised just over $765 so I would say it was successful. That said, the extent of the problem here in Quito in particular and Latin America in general is somewhat overwhelming and there remains much to be done, from ensuring safety for women to providing affordable secondary and higher education for them."



Ninth grade English teacher Aviva Katz gets into her performance to raise awareness about violence against women.

ECUADOR REPORTER july/2008/N°5/www.ECUADORREPORTER.com • Quito. Ec

Review > Sex Reprod Health Matters. 2021 Dec;29(1):1907027.
doi: 10.1080/26410397.2021.1907027.

Abortion hotlines around the world: a mixed-methods systematic and descriptive review

Roopan K Gill [1], Amanda Cleeve [2], Antonella F Lavelanet [3]

Affiliations + expand

PMID: 33910479 PMCID: PMC8097399 DOI: 10.1080/26410397.2021.1907027

Free PMC article

Abstract in English, French, Spanish

Barriers to access abortion services globally have led to the development of alternative methods to assist and support women who seek an abortion. One such method is the use of hotlines, currently utilised globally for abortion care. This review aimed to understand (1) how abortion hotlines facilitate access to abortion; and (2) how women and stakeholders describe the impact of hotlines on abortion access. Published quantitative and qualitative studies and grey literature were systematically reviewed alongside an identification and description of abortion hotlines in the public domain. Our findings highlight that the existence of abortion hotlines is highly context-dependent. They may exist either as an independent community-based model of care, or as part of formal care pathways within the health system. Hotlines operating in contexts with legal restrictions seem to be broader in scope and will use innovative approaches to adapt to their setting and reach hard-to-reach populations. All the abortion hotlines that provided information on a data extraction form used evidence-based guidelines but women seeking medical abortion still struggle to access quality medications. There is limited data in general on abortion hotlines, especially on the user and provider experience. Abortion hotlines have the potential to facilitate access to safe abortion care through evidence-based information and to decrease maternal mortality and morbidity from unsafe abortions for women and girls globally.

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Aletta on Abortus

"usually the man in question dismissed the case by remarking that he equated the occurrence of contraception with abortion, a view which must be illogical to anyone who knows that the latter is a criminal offence, the former a lawful act."

(Aletta Jacobs, Herinneringen: pages 97-98)

Netherlands

2015

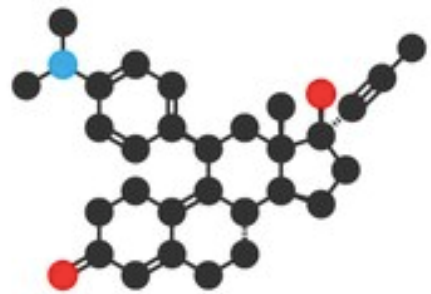
Abortuspil verkrijgbaar in openbare apotheek

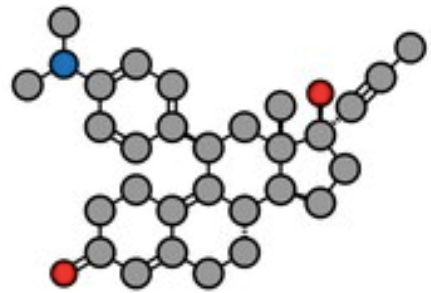
Wetswijziging nodig voordat huisartsen mogen voorschrijven

PW Magazine 15, jaar 2015 - 02-04-2015

De abortuspil – mifepriston met misoprostol (Sunmedabon, Sun Pharma) – zal vanaf 1 mei 2015 ook via openbare apotheken op recept verkrijgbaar zijn. Huisartsen kunnen dan ook een overtijdbehandeling voorschrijven. De wet verbiedt dit nog, maar minister Edith Schippers (VWS) heeft geen principiële bezwaren die te wijzigen.

Apothekers kunnen volgens Brenda Oostveen, general manager van Sun Pharma, de abortuspil vanaf mei bestellen bij hun groothandel. Huisartsen kunnen dan een overtijdbehandeling – tot 6,5 weken zwangerschap – voorschrijven, stelt gynaecoloog Gunilla Kleiverda, voorzitter van Women on Waves, de organisatie achter de 'abortusboot'. Samen met Rebecca Gomperts, directeur van Women on Waves, gaat ze huisartsen hierover voorlichten.





Voorschrijven door de huisarts is echter strijdig met de huidige indicatie van Sunmedabon: afbreking van een zwangerschap tot negen weken in een daarvoor toegeruste kliniek. "We propageren voorschrijven door de huisartsen niet zelf en gaan ook niet de bijsluiter of de SmPC aanpassen", zegt Oostveen.

11 december 2018 Anticonceptie Zelfbeschikking Zwangerschap

OVERTIJDPIL

DATUM GARANTSTELLING: 6 AUGUSTUS 2016

Bureau Clara Wichmann vindt dat alle vrouwen toegang moeten hebben tot de overtijdpil. Samen met Women on Waves is het Bureau daarom een rechtszaak begonnen om de onrechtmatige strafbaarstelling van de overtijdpil Mifepriston terug te draaien.

DAGVAARDING STAAT

De Staat heeft in een schrijven naar apothekers en huisartsen gesteld dat de overtijdpil een vorm van abortus is. Women on Waves en Bureau Clara Wichmann zijn het daar niet mee eens. De



UITSPRAAK 12 FEBRUARI 2019

Bureau Clara Wichmann, Women on Waves en een grote groep huisartsen voelen zich door de recente uitspraak van het Gerechtshof Den Haag van 12 februari jl. gesteund in hun standpunt dat huisartsen en apothekers de overtijdpil mogen voorschrijven.

Het Hof Den Haag komt tot de conclusie dat de reikwijdte van de strafwet niet duidelijk is, onder meer doordat het begrip 'zwangerschap' niet is gedefinieerd. Op basis hiervan concluderen de organisaties dat huisartsen en apothekers de overtijdpil kunnen voorschrijven. Nederland is immers een rechtsstaat, en het legaliteitsbeginsel is een essentieel onderdeel van een rechtsstaat. Dat beginsel houdt in dat iets niet strafbaar is als er geen voorafgaande strafbepaling is waaruit duidelijk volgt dat iets strafbaar is. Nu niet duidelijk is of een overtijdbehandeling door een huisarts onder de strafwet kan vallen, kan het op grond van het legaliteitsbeginsel niet zo zijn dat een huisarts strafbaar handelt met het uitvoeren van een overtijdbehandeling. Het OM vindt dat klaarblijkelijk ook;

General Practicioners experiences with "overtime treatment"

Peter Leusink Mirella Buurman Gé Donker Arienne Pameijer 04 maart 2020 7 minuten leestijd

abortuszorg

Overtijdbehandeling door de huisarts: lessen uit de praktijk

Casussen laten zien dat OTB bij de huisarts mogelijk is

16 reacties



Robin Utrecht/HH

OTB is niet strafbaar volgens een recente uitspraak van het Gerechtshof.1 Reden voor een groep van diverse artsen om na te gaan hoe deze behandeling het beste in de huisartspraktijk kan worden ingezet. Vier casussen illustreren hoe dat in zijn werk gaat en wat er nodig is voor een landelijke implementatie.

Judge denies abortionpil by post despite corona crisis

Rechter verbiedt ondanks coronacrisis abortuspil per post

11 april 2020 22:52
Aangepast: 12 april 2020 12:45



During a 9 months period 172 women living in the Netherlands completed the online consultation of Women on Web.
The consultations were in Dutch (16%), English (37%), Polish (35%) and other languages (12%).
The data showed that 10 women (17%) lived more than an hour traveling from a hospital or abortion clinic; 38 (22%) women were undocumented, uninsured or had foreign health insurance and could not afford to pay for an abortion.
7 women were pregnant as the result of rape (4%).
The main obstacles to access to abortion care mentioned: having to keep the abortion a secret for partner or family (33%), too high costs (22%), stigma (11%), protests at abortion clinics (11%), not being able to babysit arranging for children (10%), distance to clinic (9%) and domestic violence (5%).
In addition, more than 40 percent of women emphasized the importance of privacy in desiring to do the abortion at home.

The total cost of an abortion is 665 euros. I am a non working student and this is very very hard for me to fund myself and would require months of saving. I just need help. This is very difficult for me and I have had to deal with this without the knowledge my family. I feel lost and alone and all I want is my life back. ..... I am really not ready to have a child. Im only 19 and still a child myself. .....I have had to keep this a secret from my entire family because this is not accepted at all. Not only would I receive backlash but I would also be forced to keep a child I am not ready for a a

consequence of a broken condom.







medRxiv
THE PREPRINT SERVER FOR HEALTH SCIENCES
CSH Cold Spring Harbor Laboratory BMJ Yale

Are Dutch General Practitioners willing to prescribe mifepristone and misoprostol?: a mixed-methods study

Julia E A P Schellekens, Claire S E Houtvast, Peter Leusink, Gunilla Kleiverda, Rebecca Gomperts

doi: https://doi.org/10.1101/2022.02.24.22270908

Method A questionnaire provided quantitative data that was analysed using descriptive methods. Thematic analyses were performed on qualitative data collected by in-depth interviews.

Results The questionnaire was sent to 575 GPs, the response rate was 22.1%. Of the responders, 84.3% were willing to prescribe mifepristone and misoprostol and 58.3% were willing to provide both medical TOP and miscarriage management. 57.5% indicated a need for training. The main barriers influencing GPs' willingness were lack of experience, knowledge, time and a restrictive abortion law.

Conclusion Over 80% of the respondents were willing to prescribe mifepristone and misoprostol for medical TOP or miscarriages. Training, (online) education and a revision of the abortion law are recommended.

Luister naar
03:08

Meeste huisartsen zijn bereid om abortuspil te verstrekken, maar vinden hun kennis gebrekkig

Abortus Een kleine meerderheid van de huisartsen wil de abortuspil kunnen voorschrijven, blijkt uit onderzoek.

Pim van den Dool 6 maart 2022 om 22:43 Leestijd 1 minuut



www.womenonwaves.org

DutchNews.nl

Abortion pills to be made available through family doctors

Health February 9, 2022



www.womenonwaves.org

Abortion deleted from the penal code









USA

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www.aidaccess.org

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Abortion pills now available by mail in US -- but FDA is investigating

By **Jessica Ravitz**, CNN
Updated 1807 GMT (0207 HKT) October 25, 2018



Abortion wasn't always taboo in America 01:36

News & buzz


Hillary Clinton: 'I'd like to be president,' but 'no' desire to...


Paralyzed man walks again thanks to spinal implant

Advertisement

(CNN) — Signaling a new chapter in the battle over abortion access in the United States, a European organization has stepped into the fray, providing Americans a way to get doctor-prescribed pills by mail to medically induce abortions at home.

Called Aid Access, the organization says it uses telemedicine, including online consultations, to facilitate services for healthy women who are less than nine weeks pregnant. If a woman completes the consultation and is deemed eligible for a medical abortion, the organization's founder writes a prescription for the two pills used to terminate the pregnancy, misoprostol

nweb.org

As the FDA has recognized, by shipping chemical abortion drugs from India to the United States, Aid Access circumvents the Food and Drug Administration's safety requirements, placing the lives of women and their children at risk. Once again, we would like to thank you for your recent actions to address this issue, and to voice our support for ongoing oversight of this and any other rogue mail-order abortion operation.

Sincerely,

Michael C. Burgess, M.D.
Member of Congress

Martha Roby
Member of Congress

Doug Lamborn
Member of Congress

Brian Babin, D.D.S.
Member of Congress

Mike Kelly
Member of Congress

Ted Budd
Member of Congress

Jim Hagedorn
Member of Congress

Gus M. Bilirakis
Member of Congress

Robert E. Latta
Member of Congress

Randy K. Weber
Member of Congress

Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US

Abigail R. A. Aiken, MD, PhD[1,2]; Jennifer E. Starling, PhD[3]; Rebecca Gomperts, MD, PhD[4]

» Author Affiliations | Article Information

JAMA Netw Open. 2021;4(5):e2111852. doi:10.1001/jamanetworkopen.2021.11852

Importance People in the US have been seeking self-managed abortions outside the formal health care system using medications obtained through online telemedicine. However, little is known about this practice, including potential motivating factors.

Objective To examine individual reasons for accessing medication abortion through an online telemedicine service as well as associations between state- and county-level factors and the rate of requests.

Design, Setting, and Participants This population-based cross-sectional study examined all requests for self-managed medication abortion through an online consultation form available from Aid Access, a telemedicine service in the US, between March 20, 2018, and March 20, 2020.

Main Outcomes and Measures Individual-level reasons for accessing the telemedicine service were examined as well as the rate of requests per 100 000 women of reproductive age by state. Zip code data provided by individuals making requests were used to examine county-level factors hypothesized to be associated with increased demand for self-managed abortion: distance to a clinic (calculated using location data for US abortion clinics) and the population proportion identifying as a member of a racial/ethnic minority group, living below the federal poverty level, and having broadband internet access (calculated using census data).

Results During the 2-year study period, 57 506 individuals in 2458 counties in 50 states requested self-managed medication abortion; 52.1% were aged 20 to 29 years (mean [SD] age, 25.9 [6.7] years), 50.0% had children, and 99.9% were 10 weeks' pregnant or less. The most common reasons cited by individuals making requests were the inability to afford in-clinic care (73.5%), privacy (49.3%), and clinic distance (40.4%). States with the highest rate of requests were Louisiana (202.7 per 100 000 women) and Mississippi (199.9 per 100 000 women). At the county level, an increase of 1 SD (47 miles) in distance to the nearest clinic was significantly associated with a 41% increase in requests (incidence rate ratio, 1.41; 95% CI, 1.31-1.51; $P<.001$), and a 10% increase in the population living below the federal poverty level was significantly associated with a 20% increase in requests (incidence rate ratio, 1.20; 95% CI, 1.13-1.28; $P<.001$).

Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis FREE

Abigail R A Aiken [1], Jennifer E Starling [2], Rebecca Gomperts [3], James G Scott [4], Catherine E Aiken [5]

Correspondence to Dr Abigail R A Aiken, LBJ School of Public Affairs, The University of Texas at Austin, Austin, TX 78713, USA; araa2@utexas.edu

RESULTS

From March 20, 2020, to April 11, 2020 (the average "after" period across all states), there was a 27% increase in the rate of requests for self-managed medication abortion across the United States (*P*<.001) (Table 1).

Eleven states showed individually significant increases in requests, ranging from 22% in Ohio (*P*=.012) to 94% in Texas (*P*<.001) (Table 1). Median time spent at home was 5% higher for these states compared with states without significant changes in requests (*P*=.037) (Appendix 6, http://links.lww.com/AOG/C18). States with significant increases in requests either had particularly high COVID-19 rates or more severe COVID-19–related restrictions on in-clinic abortion access (Appendix 5, http://links.lww.com/AOG/C18).

menonweb.org

JAMA Network Open

Research Letter | Health Policy

Association of Texas Senate Bill 8 With Requests for Self-managed Medication Abortion

Abigail R. A. Aiken, MD, MPH, PhD; Jennifer E. Starling, PhD; James G. Scott, PhD; Rebecca Gomperts, MD, MPP, PhD

Results

Between October 1, 2020, and December 31, 2021, Aid Access received 45 908 requests for medication abortion from all 50 US states. Between October 1, 2020, and May 9, 2021, there was a mean (SD) of 10.8 (3.7) requests per day to Aid Access from Texas (**Figure**, panel B). A small increase occurred in mid-May, when SB 8 was returned from the House for final passage (Figure, panel A). Then, in the first week after SB 8 went into effect (September 1-8, 2021), mean (SD) daily requests increased by 1180% over baseline, from 10.8 (3.7) to 137.7 (85.7) requests per day (Figure, panel B) (95% CI, = 47.7-206.2; P = .008). During the subsequent 3 weeks (September 9-30, 2021), requests decreased from their peak, but remained 245% higher than the pre–SB 8 baseline at a mean (SD) of 37.1 (9.1) vs 10.8 (3.7) requests per day (Figure, panel B) (95% CI, = 22.4-30.27; P < .001). Overall, Aid Access received 1831 requests from Texas for self-managed abortion in September 2021. Over the following 3 months (October 1 to December 31, 2021), there was a mean (SD) of 29.5 (8.2) requests per month, 174% higher than the pre–SB 8 baseline (Figure, panel B) (95% CI, = 17.0-20.5; P < .001).

The New York Times

Most Women Denied Abortions by Texas Law Got Them Another Way

New data suggests overall abortions declined much less than previously known, because women traveled out of state or ordered pills online.

353

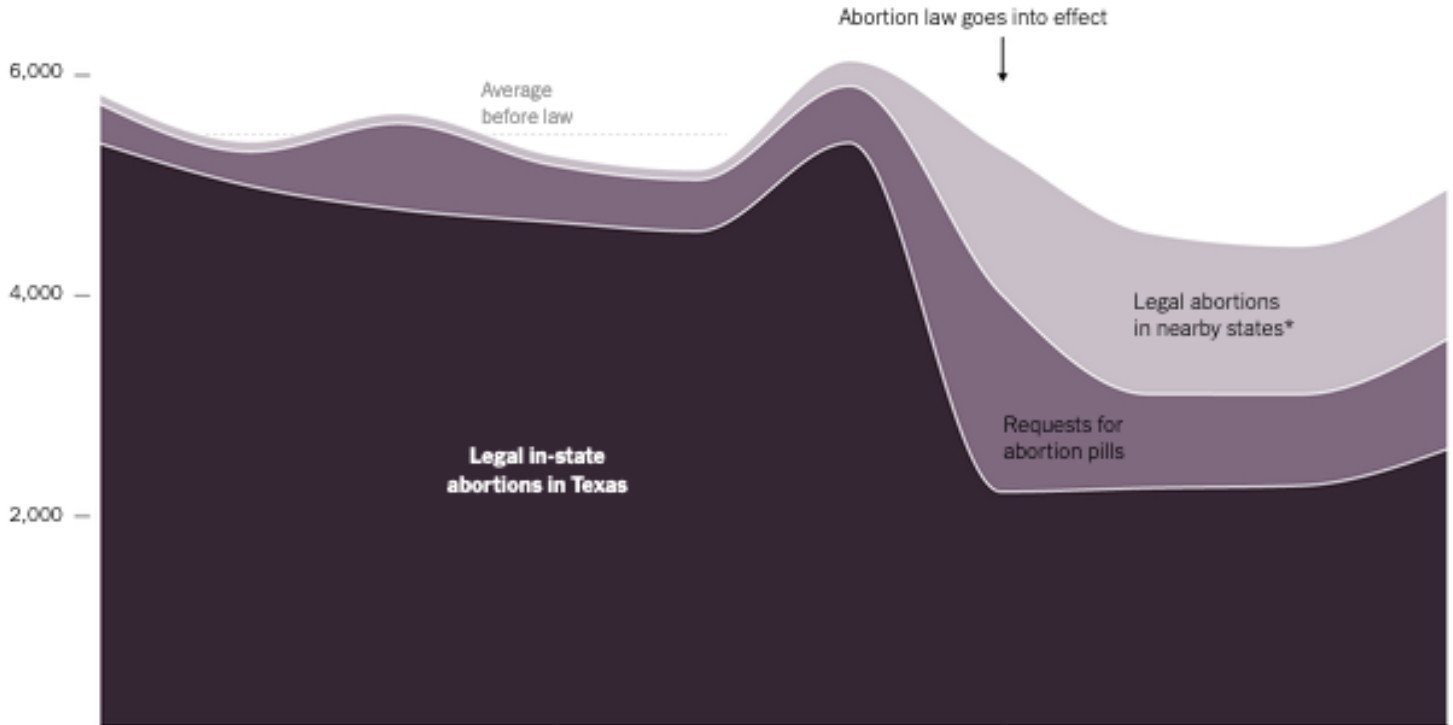


By Margot Sanger-Katz, Claire Cain Miller and Quoctrung Bui

March 6, 2022

The impact of the Texas abortion law was partly offset by trips to out-of-state clinics, and by abortion pills

Estimated number of monthly abortions among Texas residents



www.womenonweb.org


DRUGS
VIAGRA
RU-486
REPORTING TO THE STATE
24-HOUR WAITING PERIOD



WHO recommends that individuals in the first trimester (up to 12 weeks pregnant) can self-administer mifepristone and misoprostol medication without direct supervision of a health-care provider.

How does self-management of medical abortion work?

Individuals clinically eligible[1] for medical abortion may be offered the choice to self-adminster can self-administer a combination of mifepristone and misoprostol.

The appropriate combination regimen consists of 200mg mifepristone, administered orally. This is followed 1–2 days later by 800µg misoprostol, administered vaginally, sublingually (under the tongue) or buccally (in the cheek). The minimum recommended interval between use of mifepristone and misoprostol is 24 hours.

Mifepristone and misoprostol are available separately, or packaged together in the appropriate dosage. It can be taken anywhere, including at home. Direct supervision of a health-care provider is not required.

Later, individuals can self-assess the completeness of the abortion process using pregnancy tests and checklists. Individuals should also have the option to immediately initiate contraception, should they desire it.[2]

Individuals should have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.



1. 200mg mifepristone, orally



2. Wait 1-2 days



3. 800µg misoprostol, administered vaginally, sublingually or buccally

Learn more:



Health worker roles in providing

w onweb.org

Aletta on voluntary motherhood



The Improved Mensinga Check Pessary.



THIS Pessary, with a slight modification, is the real and original Check Pessary introduced. It is so named after its inventor, an eminent French medical gentleman, and has been largely and successfully used for many years. It is on the same principle as the Scott Spring Pessary, with the exception of the rim, which is of solid rubber. It thus requires more careful adjustment, but is preferred by some ladies on account of its extra softness.

In box with full directions for use ... ... 2/1 each.
In strong covered Box, with Quinine Compound, 3/6 & 4/6 ,,

Dr. Patterson's
Inflated Rim Check Pessary.

THE principle of this Pessary is the same as the two previous kinds, but in place of either a [illegible] it has a hollow rim inflated with air. It [illegible] than either of the previous, as the rim is soft and very flexible. It has the advantage of being beautifully soft, so that when adjusted and pressed it is almost impossible to feel its presence.

In Box, with full directions for use ... ... 2/6 each.
Ditto, with Quinine Compound ... ... 3/6 & 4/6 ,,

The three previous kinds are all made in three sizes, small, medium, and large. The medium size is the one usually used, and we always send this size unless otherwise ordered.

A. LAMBERT & Co., 905 Dalston Lane, London, N.E.

"Let me end this chapter by pointing out that after all these years no better means has been found for preventing unwanted births than the mesinga pessary already prescribed by me"

(Aletta Jacobs, Herinneringen, page 101)

Future: Mifepristone as weekly contraceptive

www.womenonwaves.org

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Methods of emergency contraception

Key results

The studies compared 25 different interventions of different types of emergency contraception. The studies showed the following.

Levonorgestrel and mifepristone were more effective than Yuzpe regimen (estradiol-levonorgestrel combination). Our findings suggest that if 29 women per 1000 become pregnant with Yuzpe, between 11 and 24 women per 1000 will do so with the levonorgestrel, and that if 25 women per 1000 become pregnant with Yuzpe, between one and 10 women per 1000 will do so with mifepristone.

Mid-dose mifepristone (25 mg to 50 mg) was probably more effective than levonorgestrel. Low-dose mifepristone (less than 25 mg) was probably less effective than mid-dose mifepristone, but both were more effective than levonorgestrel (two doses of 0.75 mg). Ulipristal acetate (UPA) was also more

50 mg Mifepristone as weekly contraceptive

Dose (mg)	Pregnancy/cycle	Anovulation	Endometrium	Amenorrhoea
25	0/234	Inconsistent	Slow growth, decrease thickness	2.6 - 3.9% after 3 months
50	0/222	Inconsistent		21.1 - 25% after 3 months

weekly doses of mifepristone for 5 weeks	ovulation
25 mg	4 in 9 (44.5%)
50 mg	1 in 3 (33.3%)







comparative risk profile	hormonal contraceptives	IUD	mifepristone
efficacy		<1	<1
method	<1	<1	<1
user	<8	<1	?
tromboses risk	1 per 2000 users/ 3 times higher than non users	0	0
depression risk	1,7 times higher than non-users	0	0
suicide risk	3 times higher than non users	0	0
ectopic pregnancy risk copper IUD	0	1 per 5832	0
ectopic pregnancy risk Mirana	0	1 per 1249	0
breast cancer	1 extra breast cancer per 7690 women using OC for 1 year	0	0

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Mohan Kale, left, whose company sends out abortion pills. Photograph: Aparna Pallavi










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폐지하라









Last sentence of "Herinneringen, page 314

Don't worry, dear father, you often worried about me and feared that my actions even threatened me with serious dangers. There is really no reason for what still remains for me to do. Thanks to your help and information, my work has been successful. Women face a better future"

Thank you

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