Country Profile: Uruguay

Region: South America

Last Updated: 9 April 2020

Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From Reproductive Health Act:

- Law on the Defense of Sexual and Reproductive Health

From Criminal / Penal Code:

- Penal Code

From Ministerial Order / Decree:

- Medical Regulation, 2012
- Patient Law Regulation
- Protection of Personal Data Law Regulation

From Health Regulation / Clinical Guidelines:

- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures
- Measures of Protection against Unsafe Abortion

From EML / Registered List:

- List of Essential Medicines

From Abortion Specific Law:

- Law on Legal Interruption of Pregnancy

From Other:

- Protection of Personal Data Law
- Code for Infants and Adolescents

List of ratified human rights treaties:

- CERD
- CCPR
- Xst
- OP
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Concluding Observations:

- CEDAW
- CEDAW
- CESCR
- CRC

Persons who can be sanctioned:

- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned
Abortion at the woman’s request

Gestational limit: 12

Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Yes</th>
<th>See end note</th>
</tr>
</thead>
</table>
| Related documents:        |     | - Law on Legal Interruption of Pregnancy (page 2)
|                           |     | - Medical Regulation, 2012 (page 12) |

Gestational limit

Weeks: no limit specified

- Law on Legal Interruption of Pregnancy (page 2)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

**Additional notes**

The rules for the implementation of law 18987 define “severe risk for health or life” as severe risk for bio-psycho and social health.

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>No</th>
<th>12-Uruguay-Procedures-for-abortion-2012#pdf#page=20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
<td>- Law on Legal Interruption of Pregnancy (page 2)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

**Additional notes**

Abortion is permitted in cases of foetal malformation incompatible with extrauterine life. The existence of a foetal malformation incompatible with extrauterine life has to be evaluated and certified by a National Committee at the Ministry of Health.

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Law on Legal Interruption of Pregnancy (page 2)</td>
</tr>
</tbody>
</table>
### Incest

<table>
<thead>
<tr>
<th>Incest</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

#### Related documents:
- Penal Code (page 4)

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### Intellectual or cognitive disability of the woman

<table>
<thead>
<tr>
<th>Intellectual or cognitive disability of the woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

#### Related documents:
- Penal Code (page 4)

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### Mental health

<table>
<thead>
<tr>
<th>Mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Related documents:
- Law on Legal Interruption of Pregnancy (page 2)
- Medical Regulation, 2012 (page 12)

#### Gestational limit

<table>
<thead>
<tr>
<th>Gestational limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks: no limit specified</td>
</tr>
</tbody>
</table>

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

#### Additional notes

The rules for the implementation of law 18987 define “severe risk for health or life” as severe risk for bio-psycho and social health.

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### Physical health

<table>
<thead>
<tr>
<th>Physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Related documents:

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### Gestational limit

<table>
<thead>
<tr>
<th>Gestational limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks: 14</td>
</tr>
</tbody>
</table>

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

#### Additional notes

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

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### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

### Additional notes

The rules for the implementation of law 18987 define “severe risk for health or life” as severe risk for bio-psycho and social health.
Gestational limit
Weeks: no limit specified

WHO Guidance
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes
The rules for the implementation of law 18987 define “severe risk for health or life” as severe risk for bio-psycho and social health.
Additional Requirements to Access Safe Abortion

### Authorization of health professional(s)

- **Yes**

  **Related documents:**
  - Law on Legal Interruption of Pregnancy (page 1)

  **Number and cadre of health-care professional authorizations required**
  - 3 professionals as a multidisciplinary team
  - Specialist Doctor, Including OB/GYN
  - 1 Mental Health Professional and 1 Social Worker

  The multidisciplinary committee is not required in cases of: rape, severe risk for health, fetal malformations incompatible with extrauterine life.

  The existence of a foetal malformation incompatible with extrauterine life has to be evaluated and certified by a National Committee at the Ministry of Health.

  **Related documents:**
  - Law on Legal Interruption of Pregnancy (page 1)
  - Medical Regulation, 2012 (page 1)
  - Guidelines on Abortion Procedures (page 14)
  - Guidelines on Abortion Procedures (page 6)

  **WHO Guidance**

  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

  Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

  **Source document:** WHO Safe Abortion Guidance (page 105)

### Authorization in specially licensed facilities only

- **No**

  **Related documents:**
  - Law on Legal Interruption of Pregnancy (page 2)

  **WHO Guidance**

  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

  Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

  **Source document:** WHO Safe Abortion Guidance (page 106)

### Judicial authorization for minors

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no
### Judicial authorization in cases of rape

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Legal Interruption of Pregnancy
- Medical Regulation, 2012

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### Police report required in case of rape

**Yes**

**Related documents:**
- Law on Legal Interruption of Pregnancy (page 2)

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### Parental consent required for minors

**No**

**Related documents:**
- Law on Legal Interruption of Pregnancy (page 2)
- Guidelines on Abortion Procedures (page 18)

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### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.

**Source document:** WHO Safe Abortion Guidance (page 104)
There is no general requirement of parental consent for girls and women below the age of 18. Whether parental consent is required is determined on a case-by-case basis by the multidisciplinary team assessing whether an abortion request can proceed. Judicial authorization is required only in cases where the parents are involved and the parents and the girl or woman under the age of 18 are unable to reach an agreement.

In no case can the decision of the adolescent be overruled by the parent's.

<table>
<thead>
<tr>
<th>Spousal consent</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Legal Interruption of Pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Medical Regulation, 2012</td>
<td></td>
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<tr>
<td>- Technical Guidelines on Voluntary Termination of Pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Guidelines on Abortion Procedures</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

<table>
<thead>
<tr>
<th>Ultrasound images or listen to foetal heartbeat required</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Legal Interruption of Pregnancy</td>
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<tr>
<td>- Medical Regulation, 2012</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 19)

<table>
<thead>
<tr>
<th>Compulsory counselling</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Legal Interruption of Pregnancy (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Source document:** WHO Safe Abortion Guidance (page 46)

<table>
<thead>
<tr>
<th>Compulsory waiting period</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Legal Interruption of Pregnancy (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**Waiting period**

Point of first consultation
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory HIV screening test</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</td>
<td>Source document: WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</td>
<td>Source document: Preventing Gender-Biased Sex Selection (page 17)</td>
</tr>
<tr>
<td>Restrictions on information provided</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Related documents:
- Medical Regulation, 2012 (page 1)

### List of restrictions
Only officially issued information is permitted.

- Medical Regulation, 2012 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

*Source document: WHO Safe Abortion Guidance (page 107)*

### Restrictions on methods to detect sex of the foetus

#### Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

*Source document: WHO Safe Abortion Guidance (page 103)*

### Other

- Guardian consent is required in cases of mentally disabled woman.

**Related documents:**
- Law on Legal Interruption of Pregnancy (page 2)

### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

- Yes, guidelines issued by the government

**Related documents:**
- Technical Guidelines on Voluntary Termination of Pregnancy (page 1)
- Guidelines on Abortion Procedures (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

*Source document: WHO Safe Abortion Guidance (page 75)*

#### Methods allowed

- **Vacuum aspiration**
  - Yes (Not Specified WEEKS)
  - Technical Guidelines on Voluntary Termination of Pregnancy (page 4)

- **Dilatation and evacuation**
  - Not specified
  - Technical Guidelines on Voluntary Termination of Pregnancy
Combination mifepristone-misoprostol
Yes (14 WEEKS)
- Technical Guidelines on Voluntary Termination of Pregnancy (page 7)

Misoprostol only
Yes (14 WEEKS)
- Technical Guidelines on Voluntary Termination of Pregnancy (page 7)

Other (where provided)
Dilation and Curettage (Not Specified WEEKS)
- Technical Guidelines on Voluntary Termination of Pregnancy (page 4)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

Dilation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Source document: WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mife-misoprostol)

No

Related documents:
- List of Essential Medicines (page 1 )

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

Source document: WHO Safe Abortion Guidance (page 13)

Additional notes

The combined regimen mifepristone and misoprostol is included in the national guidelines for induced abortion (document 11), but does not appear on the 2012 Essential Medicines List.

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:
- List of Essential Medicines (page 39 )

Misoprostol allowed to be sold or distributed by pharmacies or drug stores

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures
## Where can abortion services be provided

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Availability</th>
<th>Related Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures (page 5)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures</td>
</tr>
</tbody>
</table>

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 18)

## National guidelines for post-abortion care

Yes, guidelines issued by the government

### Related documents:

- Measures of Protection against Unsafe Abortion (page 1)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**Source document:** WHO Safe Abortion Guidance (page 75)

## Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Location Type</th>
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<th>Related Documents</th>
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<tbody>
<tr>
<td>Primary health-care centres</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Guidelines on Abortion Procedures (page 5)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
<td>Guidelines on Abortion Procedures (page 5)</td>
</tr>
</tbody>
</table>

### Related documents:

- Guidelines on Abortion Procedures (page 5)

## WHO Guidance

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Source document:** WHO Safe Abortion Guidance (page 54)
### Contraception included in post-abortion care

Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Specialized abortion care public facilities

Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Private health-care centres or clinics

Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### NGO health-care centres or clinics

Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Other (if applicable)

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures (page 5)

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**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

Source document: WHO Safe Abortion Guidance (page 57)

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### Contraception included in post-abortion care

**Yes**

**Related documents:**
- Guidelines on Abortion Procedures (page 15)
- Measures of Protection against Unsafe Abortion (page 4)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

Source document: WHO Safe Abortion Guidance (page 62)

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### Insurance to offset end user costs

**Yes**

**Related documents:**
- Law on Legal Interruption of Pregnancy (page 3)
- Guidelines on Abortion Procedures (page 24)

**Induced abortion for all women**

**Yes**

According to Article 13 of the law, Uruguayan citizens or foreigners accrediting their habitual residence in the territory of the Republic for a period not less than one year may be protected under the provisions contained in this law.

- Law on Legal Interruption of Pregnancy (page 4)

**Induced abortion for poor women only**
Who can provide abortion services

- Law on Legal Interruption of Pregnancy
- Medical Regulation, 2012
- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures

Abortion complications

- Law on Legal Interruption of Pregnancy
- Medical Regulation, 2012
- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures

Private health coverage

- Law on Legal Interruption of Pregnancy
- Medical Regulation, 2012
- Technical Guidelines on Voluntary Termination of Pregnancy
- Guidelines on Abortion Procedures

Other (if applicable)

The law requires that the costs for abortion should not be an obstacle to access, so each of the four different stages are discounted or have exemptions according to need.

- Guidelines on Abortion Procedures (page 24)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

Source document: WHO Safe Abortion Guidance (page 18)

Related documents:

- Law on Legal Interruption of Pregnancy (page 1)
- https://abortion-policies.srhr.org/documents/countries/
- Guidelines on Abortion Procedures (page 7)

Nurse

- Guidelines on Abortion Procedures

Midwife/nurse-midwife

- Guidelines on Abortion Procedures

Doctor (specialty not specified)

- Guidelines on Abortion Procedures (page 7)

Specialist doctor, including OB/GYN

- Guidelines on Abortion Procedures (page 7)

Other (if applicable)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.
Conscientious Objection

### Referral linkages to a higher-level facility
Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Availability of a specialist doctor, including OB/GYN
Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Minimum number of beds
Not specified

The document (Procedures for Abortion) governs that all institutions included in the National Health System.

- Guidelines on Abortion Procedures
- Guidelines on Abortion Procedures (page 5)

### Other (if applicable)
Not specified

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- Guidelines on Abortion Procedures (page 5)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

**Source document:** WHO Safe Abortion Guidance (page 75)

### Conscientious Objection

**Public sector providers**

**Related documents:**

- Guidelines on Abortion Procedures (page 25)

**Individual health-care providers who have objected are required to refer the woman to another provider**

Yes

- Guidelines on Abortion Procedures (page 25)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Source document:** WHO Safe Abortion Guidance (page 106)

**Additional notes**

Conscientious objection can be claimed only in cases of woman’s request, fetal malformation and rape. It cannot be applied in an emergency or in cases of severe risk for the health of the woman.

**Private sector providers**

**Related documents:**

- Guidelines on Abortion Procedures (page 25)
<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>guidelines on abortion procedures (page 25)</td>
</tr>
</tbody>
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Yes

- Guidelines on Abortion Procedures (page 25)

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<table>
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<tr>
<th>Neither Type of Provider Permitted</th>
<th>Related documents:</th>
</tr>
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Yes

- Guidelines on Abortion Procedures (page 25)

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<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Regulation, 2012 (page 14)</td>
</tr>
</tbody>
</table>

**Health-care facilities who have objected are required to refer the woman to another provider**

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</tbody>
</table>

| Medical Regulation, 2012 |
| Guidelines on Abortion Procedures |

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

**Source document:** WHO Safe Abortion Guidance (page 106)

### Additional notes

Only private institutions that have stated an objection before the entry into force of the law can make a claim not to provide abortions.

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### Private facilities

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<tr>
<td>Medical Regulation, 2012 (page 14)</td>
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</table>

### Facility type not specified

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
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<tbody>
<tr>
<td>Medical Regulation, 2012 (page 14)</td>
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</table>
Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

No data
1.a.2 Proportion of total government spending on essential services (education, health and social protection)  

No data

### Goal 3. Ensure healthy lives and promote well-being for all at all ages

<table>
<thead>
<tr>
<th>3.1.1 Maternal mortality ratio</th>
<th>17 (2017)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.1.2 Proportion of births attended by skilled health personnel</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</th>
<th>54.7 (2015-2020)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.c.1 Health worker density and distribution</th>
<th>No data</th>
</tr>
</thead>
</table>

### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

<table>
<thead>
<tr>
<th>4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex</th>
<th>No data</th>
</tr>
</thead>
</table>

### Goal 5. Achieve gender equality and empower all women and girls

<table>
<thead>
<tr>
<th>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education</th>
<th>No data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure</th>
<th>No data</th>
</tr>
</thead>
</table>
5.b.1 Proportion of individuals who own a mobile telephone, by sex

<table>
<thead>
<tr>
<th>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 10. Reduce inequality within and among countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
</tr>
<tr>
<td>10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
</tr>
<tr>
<td>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
</tr>
<tr>
<td>16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
</tr>
<tr>
<td>16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
</tr>
<tr>
<td>16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months</td>
</tr>
<tr>
<td>16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the</td>
</tr>
</tbody>
</table>
previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

**Additional Reproductive Health Indicators**

Percentage of married women with unmet need for family planning

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.9</td>
<td>(2014)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.973</td>
<td>(2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16</td>
<td>(2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18</td>
<td>(2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.27</td>
<td>(2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>57</td>
<td>(2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes</td>
<td>(2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>35.8</td>
<td>(2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>95.334</td>
<td>(2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1.08</td>
<td>(2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.137</td>
<td>(2010)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>23.4799995</td>
<td>(2018)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>22.3</td>
<td>(2017)</td>
</tr>
</tbody>
</table>
Sex ratio at birth (male to female births) 1.05 (2018)