

# Country Profile: Canada

Region: Northern 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:

- [Human Assisted Reproduction Act, 2006](#)

#### From General Medical Health Act:

- [Canada Health Act as Amended, 2012](#)

#### From Case Law:

- [R. v. Morgentaler, 1988](#)
- [Tremblay v. Daigle, 1989](#)

#### From EML / Registered List:

- [Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015](#)
- [Mifegymiso prescribing and dispensing information, 2017](#)

#### From Other:

- [Health Act Annual Report, 2014-2015](#)



## List of ratified human rights treaties:

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

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## Concluding Observations:

- [CRPD](#)
- [CESCR](#)
- [CEDAW](#)



## 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







Canada	✓ Yes
Alberta (Canada)	✓ Gestational limit: 20 weeks
British Columbia (Canada)	✓ Yes
Manitoba (Canada)	✓ Gestational limit: 19 weeks
New Brunswick (Canada)	✓ Yes
Newfoundland and Labrador (Canada)	✓ Yes
Northwest Territories (Canada)	✓ Yes
Nova Scotia (Canada)	✓ Gestational limit: 15 weeks
Nunavut (Canada)	✓ Yes









Ontario (Canada)	✓ Yes
Prince Edward Island (Canada)	✓ Yes
Quebec (Canada)	✓ Yes

## Legal Ground and Gestational Limit








Canada	
Economic or social reasons	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Safe Abortion Guidelines</i>, § 4.2.1.5.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): “During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1 )</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>
Foetal impairment	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Safe Abortion Guidelines</i>, § 4.2.1.4.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): “During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1 )</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>










<p>Rape</p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): "During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans."</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>
<p>Incest</p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): "During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans."</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>
<p>Intellectual or cognitive disability of the woman</p>	<p>Not applicable</p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): "During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans."</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>










<p><b>Mental health</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1 )</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>
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Life	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): "During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans."</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015 (page 15)</a></li> </ul>
Other	
Alberta (Canada)	
Economic or social reasons	<p> <b>Not specified</b></p> <p>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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
Foetal impairment	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)</a></li> </ul> <p><b>Gestational limit</b></p> <p>Weeks: 24</p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>The Alberta Termination of Pregnancy Policy specifies a "Fetal Anomaly Criterion" for pregnancies "where there is reliable evidence of a serious congenital or genetic disorder that is expected to interfere in a substantive way with the quality of life of the born individual, or there is a significant risk of having a serious disorder for which precise prenatal diagnosis is not available."</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)</a></li> </ul>
Rape	<p> <b>Not specified</b></p> <p>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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>




















<p><b>Incest</b></p>	<p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>
<p><b>Intellectual or cognitive disability of the woman</b></p>	<p> <b>Not specified</b> 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.</p>
<p><b>Mental health</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)</a></li> </ul> <p><b>Gestational limit</b></p> <p><b>Weeks: No limit specified</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Physical health</b></p>	<p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>
<p><b>Health</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)</a></li> </ul> <p><b>Gestational limit</b></p> <p><b>Weeks: No limit specified</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. 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, § 4.2.1.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>









<p><b>Life</b></p>	<p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>
<p><b>Other</b></p>	<p>Profound foetal abnormality criterion: Where there is reliable evidence of a foetal anomaly or abnormalities, or there is a maternal condition or pregnancy complication such as severe pre-term intrauterine growth restriction, or pre-term premature rupture of membranes at pre-viable gestation, that severely impacts the foetus such that the foetus has a low probability of intact foetal survival, or is expected to progress to foetal or infant death; and/or long-term major pain and suffering; and/or severe permanent cognitive and/or physical disability.</p> <p>Foetal reduction criterion: Where multiple pregnancies have been diagnosed and it has been determined that foetal reduction will significantly decrease the likelihood of maternal perinatal mortality/morbidity or in circumstances of multiple pregnancy, where one or more of the criteria listed in the Alberta Termination of Pregnancy Policy are met for one or more but not all the foetuses.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)</a></li> </ul> <p> <b>Additional notes</b></p> <p>There is no gestational limit in case of the "profound fetal abnormality" criterion and the "fetal reduction" criterion.</p>
<p><b>British Columbia (Canada)</b></p>	
<p><b>Economic or social reasons</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
<p><b>Foetal impairment</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
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<p>Manitoba (Canada)</p>	
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<b>Newfoundland and Labrador (Canada)</b>	
Economic or social reasons	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
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<p><b>Foetal impairment</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
<p><b>Rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>








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<p><b>Intellectual or cognitive disability of the woman</b></p>	<p>Not applicable</p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
<p><b>Mental health</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
<p><b>Physical health</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
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<p>Other</p>	
<p>Prince Edward Island (Canada)</p>	
<p>Economic or social reasons</p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul>
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<p><b>Physical health</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15">https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15</a></li> </ul>

<p><b>Health</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. 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, § 4.2.1.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15">https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15</a></li> </ul>
<p><b>Life</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p> <b>Additional notes</b></p> <p>In Canada, abortion services form part of medically required health services provision and are regulated as such. At the federal level, there are no legal restrictions on abortion, including no gestational limit.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/01-Canada-Quebec-R-v-Morgentaler-Supreme-Court-1988.pdf#page=1</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15">https://abortion-policies.srhr.org/documents/countries/07-Canada-Quebec-Health-Act-Annual-Report-2014-2015.pdf#page=15</a></li> </ul>
<p><b>Other</b></p>	









## Additional Requirements to Access Safe Abortion








<p><b>Canada</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>










<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Varies by jurisdiction</b> Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>The Induced Abortion Guidelines (2006) of the Society of Obstetricians and Gynaecologists of Canada state: “If a minor presents for abortion accompanied by a parent, it is important to ensure the youth was not coerced and the decision is voluntary. In Canadian common law and in some provinces “age of consent” follows the “mature minor” rule: the legal right to make health care decisions depends on decision-making ability rather than age; in other provinces the age of consent is consistent with the age of majority.<sup>6</sup></p> <p>The key element is the minor’s competence and capacity to understand the consequences of the procedure and the potential for complications, not her chronological age. In provinces that have not adopted the mature minor rule, health care providers can treat minors when appropriate without parental involvement, as common law invariably overrides local legislation. However, there should be documentation that the health care provider discussed the importance of involving parents in health decisions, and there must also be a reasonable impression that the intervention is in the best interests of the minor. It is imperative that health care providers be aware of the laws of the province in which they work.”</p> <p>The Guidelines can be accessed at <a href="http://sogc.org/guidelines/induced-abortion-guidelines/">http://sogc.org/guidelines/induced-abortion-guidelines/</a></p> <p>In British Columbia, for instance, there is no minimum age of consent to medical treatment. If specific conditions are met, it is not necessary to obtain consent from the infant’s parent or guardian. The conditions are that the health care provider providing the health care: a) Has explained to the infant and has been satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care; and, b) Has made reasonable efforts to determine and has concluded that the health care is in the infant’s best interests.</p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>










<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>



















<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Alberta (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>The documented opinion of a second physician is required to confirm only for abortions falling under one of the criteria for abortion after 20 completed weeks is present. The second physician must be from a site designated by Alberta Health Services to provide termination of pregnancy services at greater than 20 completed weeks gestation. If feasible, the consultation should be with a maternal foetal medicine specialist, neonatologist, or other specialist with expertise relevant to the health risk in question. The specialist could be a general obstetrician with expertise managing the type of pregnancy complications at issue.</p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2 )</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4">https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>Health practitioners shall conduct an assessment of the minor’s capacity to consent without the input of his or her legal representative(s). A patient under the age of 18 is presumed to be a minor patient without the capacity to consent unless assessed and determined to be a mature minor with the capacity to consent. In the case of a minor without capacity to consent, the decision is taken by the legal representative who is a guardian or a nearest relative.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2 )</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4">https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4</a></li> </ul>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1 )</a></li> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>








<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>









<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>British Columbia (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>










<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 33)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>There is no minimum age to give consent to medical treatment. A person under the age of 19 years may consent to treatment if the following conditions are met: The health care provider providing the health care has explained to the person – and has been satisfied that the person understands – the nature and consequences and the reasonably foreseeable benefits and risks of the health care; and the health care provider as made reasonable efforts to determine and has concluded that the health care is in the person’s best interests.</p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>









<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 26 )</a></li> <li>• <a href="#">British Columbia Abortion Services Provincial Health Services Authority (page 3)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 37 )</a></li> <li>• <a href="#">British Columbia Abortion Services Provincial Health Services Authority (page 4)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p> <p> <b>Additional notes</b></p> <p>The Provincial Health Services Authority website specifies STI tests only for abortions after 12 weeks of gestation.</p>





















<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p> <p> <b>Additional notes</b></p> <p>The British Columbia Guidelines on Best Practice for Abortion Care contains a comprehensive analysis of the complex factors to consider when a woman discloses that sex selection is her reason for the abortion.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 15)</a></li> </ul>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Manitoba (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>

<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 8)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options states: “In Manitoba, women of every age can choose to have an abortion. In some cases, a physician may require a parent’s or guardian’s permission for a woman under the age of 18 to have an abortion. If the young woman cannot or does not want to get permission from a parent or guardian, and she is able to provide informed consent for herself, a pregnancy counsellor will refer her to a physician who does not require parental consent. ... In Canada, there is no legal age of consent for health care or health care procedures. People under 18 can give consent for health care/procedures if the health care provider feels the person understands the implications of receiving or not receiving care and can make an informed decision. Individual health care providers may require parental or guardian consent before they care for minors. Courts commonly recognize the concept of a “mature minor.” This is a person who has the capacity to fully appreciate the nature and consequences of a proposed health treatment, and is capable of giving informed consent. It is not based on age but on capacity to understand. The mature minor concept applies to all medical and surgical treatments, including therapeutic abortions. In Manitoba, a woman under 18 has the right to choose abortion, adoption or parenting without the consent of a parent or guardian. The code of ethics for physicians and nurses both cite the importance of “considering the well-being of the patient” when providing care to young people with or without parental or guardian consent.” The Handbook provides further information on the requirements imposed by different abortion service providers in Manitoba province.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 10)</a></li> </ul>









<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>








<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the fetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>New Brunswick (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>











<p><b>Authorization in specially licensed facilities only</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">New Brunswick Medical Abortion Program Q&amp;A (page 1 )</a></li> <li>• <a href="#">New Brunswick Medical Services Payment Act (page 15)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>









<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>






















<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Newfoundland and Labrador (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>









<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>








<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Northwest Territories (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>










<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>









<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>




















<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the fetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Nova Scotia (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>

<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Nova Scotia Pregnancy Options Halifax Sexual Health Centre (page 4)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Nova Scotia Pregnancy Options Halifax Sexual Health Centre (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>









<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. <i>Safe Abortion Guidelines</i>, § 4.2.2.6.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Preventing gender-biased sex selection: an interagency statement</i>, p 10 - Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. <i>Safe Abortion Guidelines</i>, § 4.2.2.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>








<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Nunavut (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>










<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>









<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. <i>Safe Abortion Guidelines</i>, § 4.2.2.6.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Preventing gender-biased sex selection: an interagency statement</i>, p 10 - Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. <i>Safe Abortion Guidelines</i>, § 4.2.2.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>




















<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Ontario (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>

<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 (page 34)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>










<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. <i>Safe Abortion Guidelines</i>, § 4.2.2.6.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Preventing gender-biased sex selection: an interagency statement</i>, p 10 - Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. <i>Safe Abortion Guidelines</i>, § 4.2.2.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>









<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Prince Edward Island (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>







<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Tremblay v. Daigle, 1989 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>

<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. <i>Safe Abortion Guidelines</i>, § 4.2.2.6.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. <i>Safe Abortion Guidelines</i>, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Preventing gender-biased sex selection: an interagency statement</i>, p 10 - Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. <i>Safe Abortion Guidelines</i>, § 4.2.2.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>







<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	
<p><b>Quebec (Canada)</b></p>	
<p><b>Authorization of health professional(s)</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>





<p><b>Parental consent required for minors</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/11-Canada-Quebec-Eligibility-for-Abortion-Services.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/11-Canada-Quebec-Eligibility-for-Abortion-Services.pdf#page=1</a></li> </ul> <p><b>Age where consent not needed</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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, § 4.2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>If the adolescent and her parents disagree over the decision to take, a local community service centre worker may help. If they fail to agree, the court may be called upon to intervene.</p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/08-Canada-Quebec-Daigle-v-Tremblay-2SCR-1989.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/08-Canada-Quebec-Daigle-v-Tremblay-2SCR-1989.pdf#page=1</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 19)</a></p>
<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/13-Canada-Quebec-Abortion-Services-Description.pdf#page=1">https://abortion-policies.srhr.org/documents/countries/13-Canada-Quebec-Abortion-Services-Description.pdf#page=1</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 46)</a></p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>

<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf">https://abortion-policies.srhr.org/documents/countries/01-Canada-R-v-Morgentaler-Supreme-Court-1988.pdf</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf">https://abortion-policies.srhr.org/documents/countries/03-Canada-Health-Act-Ministry-of-Health-2012.pdf</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Other</b></p>	

## Clinical and Service-delivery Aspects of Abortion Care

<p><b>Canada</b></p>	
<p><b>National guidelines for induced abortion</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Varies by province</p> <p><b>Dilatation and evacuation</b> Varies by province</p> <p><b>Combination mifepristone-misoprostol</b> Yes (63 DAYS)</p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b> Varies by province</p> <p><b>Other (where provided)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

<p><b>Where can abortion services be provided</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Human Assisted Reproduction Act, 2006</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015</a></li> <li>• <a href="#">Health Act Annual Report for 2014-2015</a></li> </ul> <p><b>Primary health-care centres</b> Varies by province</p> <p><b>Secondary (district-level) health-care facilities</b> Varies by province</p> <p><b>Specialized abortion care public facilities</b> Varies by province</p> <p><b>Private health-care centres or clinics</b> Varies by province</p> <p><b>NGO health-care centres or clinics</b> Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. <i>Safe Abortion Guidelines, Executive Summary, Box 6-Recommendation.</i></p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>
<p><b>National guidelines for post-abortion care</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Safe Abortion Guidelines, § 3.3.</i> 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. <i>Safe Abortion Guidelines, p. 63.</i></p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b> Varies by province</p> <p><b>Secondary (district-level) health-care facilities</b> Varies by province</p> <p><b>Specialized abortion care public facilities</b> Varies by province</p> <p><b>Private health-care centres or clinics</b> Varies by province</p> <p><b>NGO health-care centres or clinics</b> Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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). <i>Safe Abortion Guidelines § 2.2.6.</i></p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. <i>Safe Abortion Guidelines, § 2.3.</i></p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p>

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Induced abortion for all women**

Yes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for 2014-2015 (Source 7, see Chapter 2, page 13): "During 2014-2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans."

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)
- [R. v. Morgentaler, 1988 \(page 1\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Human Assisted Reproduction Act, 2006](#)
- [Canada Health Act amended, 2012](#)
- [Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Yes

- [R. v. Morgentaler, 1988](#)
- [Human Assisted Reproduction Act, 2006](#)
- [Canada Health Act amended, 2012](#)
- [Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015](#)
- [Health Act Annual Report for 2014-2015](#)

**Other (if applicable)**



**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 \(page 18\)](#)

**Who can provide abortion services**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Human Assisted Reproduction Act, 2006](#)
- [Canada Health Act amended, 2012](#)
- [Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015](#)
- [Health Act Annual Report for 2014-2015](#)

**Nurse**

Varies by province

**Midwife/nurse-midwife**

Varies by province

**Doctor (specialty not specified)**

Varies by province

**Specialist doctor, including OB/GYN**

Varies by province




**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.




↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



<p><b>Extra facility/provider requirements for delivery of abortion services</b></p>	<p><b>Referral linkages to a higher-level facility</b> Varies by province</p> <p><b>Availability of a specialist doctor, including OB/GYN</b> Varies by province</p> <p><b>Minimum number of beds</b> Varies by province</p> <p><b>Other (if applicable)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
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**Alberta (Canada)**

<p><b>National guidelines for induced abortion</b></p>	<p>Yes, guidelines issued by the government</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
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<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b></p> <p>Yes</p> <p>According to the Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta dilation and suction evacuation can be provided up to 15 completed. They can be accessed at: <a href="http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf">http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240">https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240</a></li> </ul> <p><b>Dilatation and evacuation</b></p> <p>Yes</p> <p>According to the Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta dilation and evacuation can be provided up to 20 weeks, zero days. They can be accessed at: <a href="http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf">http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 6 )</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240">https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240</a></li> </ul> <p><b>Combination mifepristone-misoprostol</b></p> <p>Yes</p> <p>The Alberta Termination of Pregnancy Policy refers to “medical termination of pregnancy” as termination of pregnancy “achieved through the use of oral, vaginal, or intravenous medications to initiate uterine activity/labour and vaginal delivery, under the guidance or direction of a physician” without specifying the medications to be used.</p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b></p> <p>Not specified</p> <p>The Alberta Termination of Pregnancy Policy refers to “medical termination of pregnancy” as termination of pregnancy “achieved through the use of oral, vaginal, or intravenous medications to initiate uterine activity/labour and vaginal delivery, under the guidance or direction of a physician” without specifying the medications to be used.</p> <p><b>Other (where provided)</b></p> <p>Dilation and curettage</p> <p>According to the Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta dilation and suction evacuation can be provided up to 15 completed. They can be accessed at: <a href="http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf">http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240">https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b></p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Related documents:**

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 3\)](#)

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Yes

Terminations of pregnancy at gestational ages of 20 completed weeks must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy.

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 3\)](#)
- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 4\)](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**

Termination of pregnancy planned after potential viability must take place in tertiary care hospitals.

The Alberta Termination of Pregnancy Policy defines “potential viability” as pertaining to “a fetus of gestational age greater than or equal to 22 weeks and zero (0) days and which is likely to proceed to a live birth.”

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 4\)](#)



**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 \(page 18\)](#)



**Additional notes**

Terminations of pregnancy at gestational ages of 20 completed weeks must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy.

**Related documents:**

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 4\)](#)

**National guidelines for post-abortion care**

Yes, guidelines issued by the government

**Related documents:**

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 1\)](#)



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)

**Insurance to offset end user costs**

Yes

**Related documents:**

- <https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240>

**Induced abortion for all women**

Yes

Abortion by suction curettage, dilation and curettage or dilatation and evacuation where imaging report confirms the foetus is 12 weeks size may only be claimed when performed in an active treatment hospital or by a physician approved to perform the procedure by the College of Physicians and Surgeons of Alberta when performed in an accredited non-hospital surgical facility.

- <https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240>

**Induced abortion for poor women only**

No

- <https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240>

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**

Terminations of pregnancy at gestational ages of 20 completed weeks must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy.

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 4\)](#)



**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 \(page 18\)](#)

**Who can provide abortion services**

**Related documents:**

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 3\)](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



**Additional notes**

Terminations of pregnancy at gestational ages of 20 completed weeks must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy.

**Related documents:**

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 4\)](#)

Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)

For hospitals and accredited non-hospital surgical facilities under the jurisdiction of Alberta Health Services, only physicians who have appropriate privileges shall perform termination of pregnancy. Facilities providing terminations of pregnancy must have appropriate resources and supports to address potential complications.

The Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta state: « Abortion procedure privileges shall be limited to gestational ages for which a qualified preceptor attests that the applicant is competent to perform.” They can be accessed at: [http://cpsa.ca/wp-content/uploads/2015/03/NHSF\\_-\\_Termination\\_of\\_Pregnancy.pdf](http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf)

- [Canada Alberta Termination of Pregnancy Policy, 2017 \(page 3\)](#)



#### 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 \(page 75\)](#)

### British Columbia (Canada)

National guidelines for induced abortion

Yes, guidelines issued by the government

#### Related documents:

- [British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 \(page 1\)](#)



#### 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 \(page 75\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)



<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b></p> <p>Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 42 )</a></li> <li>• <a href="#">British Columbia Abortion Services Provincial Health Services Authority (page 2)</a></li> </ul> <p><b>Dilatation and evacuation</b></p> <p>Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 43)</a></li> </ul> <p><b>Combination mifepristone-misoprostol</b></p> <p>Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1 )</a></li> <li>• <a href="#">British Columbia Abortion Services Provincial Health Services Authority (page 2)</a></li> </ul> <p><b>Misoprostol only</b></p> <p>Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Other (where provided)</b></p> <p>Methotrexate and Misoprostol</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 39)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b></p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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:**

- [British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 \(page 45\)](#)



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care

Yes

#### Related documents:

- [British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 \(page 45\)](#)



#### 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 \(page 62\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [British Columbia Abortion Services Provincial Health Services Authority \(page 5 \)](#)
- [British Columbia Mifegymiso distribution Pharmacare, 2018 \(page 1\)](#)

**Induced abortion for all women**

Yes

The cost of Mifegymiso is covered for Pharmacare reimbursement

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [British Columbia Abortion Services Provincial Health Services Authority \(page 5 \)](#)
- [British Columbia Mifegymiso distribution Pharmacare, 2018 \(page 1\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [British Columbia Abortion Services Provincial Health Services Authority \(page 5 \)](#)
- [British Columbia Mifegymiso distribution Pharmacare, 2018 \(page 1\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)



**Additional notes**

The cost of Mifegymiso is covered for Pharmacare reimbursement

**Who can provide abortion services**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)



#### 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 \(page 75\)](#)

#### Manitoba (Canada)

National guidelines for induced abortion

Yes, guidelines issued by the government

#### Related documents:

- [Manitoba Youth Pregnancy Options Provider Handbook \(page 1\)](#)



#### 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 \(page 75\)](#)









#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Not specified</p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options provides information on the gestational limits for abortion service provision by different abortion services providers in Manitoba province without stating what methods are offered.</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 20)</a></li> </ul> <p><b>Dilatation and evacuation</b> Not specified</p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options provides information on the gestational limits for abortion service provision by different abortion services providers in Manitoba province without stating what methods are offered.</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 20)</a></li> </ul> <p><b>Combination mifepristone-misoprostol</b> Yes</p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options provides information on the gestational limits for abortion service provision by different abortion services providers in Manitoba province without stating what methods are offered.</p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 20)</a></li> </ul> <p><b>Misoprostol only</b> Not specified</p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options provides information on the gestational limits for abortion service provision by different abortion services providers in Manitoba province without stating what methods are offered.</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 20)</a></li> </ul> <p><b>Other (where provided)</b> Medical abortions</p> <p>The Manitoba Health Handbook for health providers on youth pregnancy options provides information on the gestational limits for abortion service provision by different abortion services providers in Manitoba province without stating what methods are offered.</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 21)</a></li> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 20)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>



<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>
<p><b>Where can abortion services be provided</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 10)</a></li> </ul> <p><b>Primary health-care centres</b></p> <p>Yes</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 10)</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Yes</p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 10)</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>
<p><b>National guidelines for post-abortion care</b></p>	<p>Yes, guidelines issued by the government</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>

<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>NGO health-care centres or clinics</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Manitoba Youth Pregnancy Options Provider Handbook (page 22)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p>

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Manitoba Specified Drugs Regulation, 2019 \(page 36\)](#)

**Induced abortion for all women**

Yes

The cost of Mifegymiso is covered for Pharmacare reimbursement.

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Manitoba Specified Drugs Regulation, 2019 \(page 36\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Manitoba Specified Drugs Regulation, 2019 \(page 36\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)



**Additional notes**

The cost of Mifegymiso is covered for Pharmacare reimbursement

**Related documents:**

- [Manitoba Specified Drugs Regulation, 2019 \(page 36\)](#)

**Who can provide abortion services**

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)



#### 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 \(page 75\)](#)

### New Brunswick (Canada)

National guidelines for induced abortion

No data found



#### 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 \(page 75\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Dilatation and evacuation</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Combination mifepristone-misoprostol</b> Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1 )</a></li> <li>• <a href="#">New Brunswick Medical Abortion Program Q&amp;A (page 1)</a></li> </ul> <p><b>Misoprostol only</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Other (where provided)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Related documents:**

- [New Brunswick Medical Abortion Program Q&A \(page 1 \)](#)
- [New Brunswick Medical Services Payment Act \(page 15\)](#)

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**

Three specific institutions: Moncton Hospital (Moncton), Dr. Georges L. Dumont University Hospital Centre (Moncton), Chaleur Regional Hospital (Bathurst)

- [New Brunswick Medical Abortion Program Q&A \(page 1 \)](#)
- [New Brunswick Medical Services Payment Act \(page 15\)](#)



**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**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)



Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [New Brunswick Medical Abortion Program Q&A \(page 1 \)](#)
- [New Brunswick Medical Services Payment Act \(page 15\)](#)

**Induced abortion for all women**

Yes

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [New Brunswick Medical Abortion Program Q&A \(page 1 \)](#)
- [New Brunswick Medical Services Payment Act \(page 15\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [New Brunswick Medical Abortion Program Q&A \(page 1 \)](#)
- [New Brunswick Medical Services Payment Act \(page 15\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)

**Who can provide abortion services**

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)



#### 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 \(page 75\)](#)

#### Newfoundland and Labrador (Canada)

National guidelines for induced abortion

No data found



#### 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 \(page 75\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Dilatation and evacuation</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Combination mifepristone-misoprostol</b> Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b> Not specified</p> <p><b>Other (where provided)</b> medical abortion surgical abortion</p> <ul style="list-style-type: none"> <li>• <a href="#">Newfoundland and Labrador Medical Payment Schedule, 2018 (page 148)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)



**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Newfoundland and Labrador Universal Coverage for Mifegymiso, 2018 \(page 1\)](#)

**Induced abortion for all women**

Yes

Individuals with a valid MCP card can receive a prescription through their physician, the regional health authorities, or the Athena Clinic in St. John's. Those with private insurance will use this first, and then the province will cover any remaining cost. Prescriptions can be filled at pharmacies across the province. An ultrasound must be performed before Mifegymiso is prescribed in order to confirm the gestation period.

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Newfoundland and Labrador Universal Coverage for Mifegymiso, 2018 \(page 1\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Newfoundland and Labrador Universal Coverage for Mifegymiso, 2018 \(page 1\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)

**Who can provide abortion services**

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)



#### 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 \(page 75\)](#)

#### Northwest Territories (Canada)

National guidelines for induced abortion

No data found



#### 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 \(page 75\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Dilatation and evacuation</b> Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Northwest Territories Insured Services Tariff, 2018 (page 97)</a></li> </ul> <p><b>Combination mifepristone-misoprostol</b> Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Other (where provided)</b> Medical termination</p> <ul style="list-style-type: none"> <li>• <a href="#">Northwest Territories Insured Services Tariff, 2018 (page 96)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Northwest Territories Insured Services Tariff, 2018 \(page 96 \)](#)
- [Northwest Territories Mifegymiso Coverage, 2019 \(page 1\)](#)

**Induced abortion for all women**

Yes

Mifegymiso is covered for NWT residents with a valid NWT Health Care Card who do not have full coverage for prescriptions under another program or group insurance plan.

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Northwest Territories Insured Services Tariff, 2018 \(page 96 \)](#)
- [Northwest Territories Mifegymiso Coverage, 2019 \(page 1\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Northwest Territories Insured Services Tariff, 2018 \(page 96 \)](#)
- [Northwest Territories Mifegymiso Coverage, 2019 \(page 1\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)



**Additional notes**

Mifegymiso is covered for NWT residents with a valid NWT Health Care Card who do not have full coverage for prescriptions under another program or group insurance plan.

**Who can provide abortion services**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



**Extra facility/provider requirements for delivery of abortion services**

**Referral linkages to a higher-level facility**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Availability of a specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Minimum number of beds**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**



**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 \(page 75\)](#)

**Nova Scotia (Canada)**

**National guidelines for induced abortion**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Methods allowed**

**Vacuum aspiration**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Dilatation and evacuation**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Combination mifepristone-misoprostol**

Yes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

- [Canada-Mifegymiso-prescribing and dispensing information, 2017 \(page 1\)](#)
- [Nova Scotia Medical Abortion 811 Nova Scotia \(page 1\)](#)

**Misoprostol only**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Other (where provided)**



**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 \(page 123\)](#)

Dilatation 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 \(page 14\)](#)

<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b></p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>
<p><b>Where can abortion services be provided</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Yes</p> <ul style="list-style-type: none"> <li>• <a href="#">Nova Scotia Pregnancy Options Halifax Sexual Health Centre (page 5)</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>

<p><b>National guidelines for post-abortion care</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>
<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>NGO health-care centres or clinics</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p>

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Nova Scotia Pregnancy Options Halifax Sexual Health Centre \(page 5 \)](#)
- [Nova Scotia Formulary Update Mifegymiso, 2017 \(page 1\)](#)

**Induced abortion for all women**

Yes

The cost of Mifegymiso is covered for women in Nova Scotia with a valid health card number.

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Nova Scotia Pregnancy Options Halifax Sexual Health Centre \(page 5 \)](#)
- [Nova Scotia Formulary Update Mifegymiso, 2017 \(page 1\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Nova Scotia Pregnancy Options Halifax Sexual Health Centre \(page 5 \)](#)
- [Nova Scotia Formulary Update Mifegymiso, 2017 \(page 1\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)



**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 \(page 18\)](#)



**Additional notes**

The cost of Mifegymiso is covered for women in Nova Scotia with a valid health card number.

**Who can provide abortion services**

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

**Extra facility/provider requirements for delivery of abortion services**

**Referral linkages to a higher-level facility**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Availability of a specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Minimum number of beds**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**



**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 \(page 75\)](#)

**Nunavut (Canada)**

**National guidelines for induced abortion**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Methods allowed**

**Vacuum aspiration**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Dilatation and evacuation**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Combination mifepristone-misoprostol**

Yes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

- [Canada-Mifegymiso-prescribing and dispensing information, 2017 \(page 1\)](#)

**Misoprostol only**

No data found

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Other (where provided)**



**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 \(page 123\)](#)

Dilatation 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 \(page 14\)](#)

<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b></p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>
<p><b>Where can abortion services be provided</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>



<p><b>National guidelines for post-abortion care</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>
<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>

Insurance to offset end user costs



**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:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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 \(page 18\)](#)

Who can provide abortion services

**Related documents:**

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

**Referral linkages to a higher-level facility**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Availability of a specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Minimum number of beds**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**







**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 \(page 75\)](#)

Ontario (Canada)

<p><b>National guidelines for induced abortion</b></p>	<p>Yes, guidelines issued by the government</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>
<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b></p> <p>No data found</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Dilatation and evacuation</b></p> <p>No data found</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Combination mifepristone-misoprostol</b></p> <p>Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1 )</a></li> <li>• <a href="#">Ontario FAQ Mifegymiso Health Providers, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b></p> <p>No data found</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Other (where provided)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b></p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>

<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>
<p><b>Where can abortion services be provided</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 (page 16)</a></li> </ul> <p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Yes</p> <p>Early medical abortion (in the first trimester) and aspiration and dilatation and evacuation procedures performed under local anaesthesia with or without sedation by qualified physicians may be provided in an independent health facility.</p> <ul style="list-style-type: none"> <li>• <a href="#">Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 (page 16)</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p> <p> <b>Additional notes</b></p> <p>Early medical abortion (in the first trimester) and aspiration and dilatation and evacuation procedures performed under local anaesthesia with or without sedation by qualified physicians may be provided in an independent health facility.</p>
<p><b>National guidelines for post-abortion care</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p> <p> <b>Additional notes</b></p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p>

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Ontario FAQ Mifegymiso Health Providers, 2017 \(page 1\)](#)

**Induced abortion for all women**

Yes

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Abortion complications**

Not specified

- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [Health Act Annual Report for 2014-2015](#)

**Other (if applicable)**

Mifegymiso (combination mifepristone/misoprostol) for all Ontarians with a valid Ontario health card number and a valid prescription

- [Ontario FAQ Mifegymiso Health Providers, 2017 \(page 1\)](#)



**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 \(page 18\)](#)

**Who can provide abortion services**

**Related documents:**

- [Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 \(page 16\)](#)

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Yes

- [Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 \(page 16\)](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



**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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



**Additional notes**

Termination of pregnancy is performed only by an appropriately trained physician who is licensed in the Province of Ontario. The physician may be deemed as appropriately trained after attending a training program designated by the College of Physicians and Surgeons of Ontario, or if he/she was performing abortions in an independent health facility prior to 2 June 1988; and was grandfathered under the IHF Act prior to licensure, or if he/she has satisfactorily demonstrated to the Quality Advisor of a licensed facility his or her ability to perform an abortion, or if he/she is licensed and has privileges to perform such procedures at an Ontario hospital. Dilatation and evacuation procedures at 13 weeks gestation and beyond are performed by physicians appropriately trained in performing dilatation and evacuation procedures and managing their complications, in a facility that is equipped with ultrasound readily available to the operating area. Local anaesthesia and sedation are used under the direct supervision of a responsible physician. The surgeon will have a trained assistant in the room for monitoring and assistance with drug administration.



Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility

Yes

- [Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 \(page 39\)](#)

#### Availability of a specialist doctor, including OB/GYN

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Minimum number of beds

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Other (if applicable)

The Clinical Practice Parameters and Facility Standards for the provision of induced abortions by Independent Health Facilities stipulate a number of regulations such facilities must meet to provide a safe and sanitary environment.

- [Ontario Independent Health Facilities Clinical Practice Parameters and Facility Standards Induced Abortion, 2006 \(page 21\)](#)



#### 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 \(page 75\)](#)

### Prince Edward Island (Canada)

National guidelines for induced abortion

No data found



#### 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 \(page 75\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Dilatation and evacuation</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Combination mifepristone-misoprostol</b> Yes</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)</a></li> </ul> <p><b>Misoprostol only</b> Not specified</p> <p>The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: <a href="https://www.jogc.com/article/S1701-2163(16)32296-4/pdf">https://www.jogc.com/article/S1701-2163(16)32296-4/pdf</a></p> <p><b>Other (where provided)</b> Surgical abortion (out-of-state with physician referral) Medical abortion</p> <ul style="list-style-type: none"> <li>• <a href="#">Prince Edward Island Abortion Services (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p><b>Pharmacy selling or distribution</b> Yes, with prescription only</p> <ul style="list-style-type: none"> <li>• <a href="#">Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
<p><b>Country recognized approval (misoprostol)</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>

**Where can abortion services be provided**

**Primary health-care centres**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Secondary (district-level) health-care facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialized abortion care public facilities**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Private health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**NGO health-care centres or clinics**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Other (if applicable)**

Women's Wellness Program and out-of province at the Moncton Hospital in New Brunswick and the QEII in Halifax, Nova Scotia

- [Prince Edward Island Abortion Services \(page 1\)](#)



**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**

No data found



**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 \(page 75\)](#)



**Additional notes**

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

Where can post abortion care services be provided

#### Primary health-care centres

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Secondary (district-level) health-care facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Specialized abortion care public facilities

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### Private health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

#### NGO health-care centres or clinics

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 57\)](#)

Contraception included in post-abortion care



#### 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:

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)



#### 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 \(page 62\)](#)



#### Additional notes

The Society of Obstetricians and Gynecologists Society Induced Abortion Guidelines (2006) are accessible at: [https://www.jogc.com/article/S1701-2163\(16\)32296-4/pdf](https://www.jogc.com/article/S1701-2163(16)32296-4/pdf)

**Insurance to offset end user costs**

Yes

**Related documents:**

- [Health Act Annual Report for 2014-2015 \(page 15 \)](#)
- [Prince Edward Island Abortion Services \(page 1\)](#)

**Induced abortion for all women**

Yes

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Induced abortion for poor women only**

No

- [Health Act Annual Report for 2014-2015 \(page 15\)](#)

**Abortion complications**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Private health coverage**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)
- [Health Act Annual Report for 2014-2015](#)

**Other (if applicable)**

Abortion for holders of a PEI health care

- [Prince Edward Island Abortion Services \(page 1\)](#)



**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 \(page 18\)](#)

**Who can provide abortion services**

**Nurse**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Midwife/nurse-midwife**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Doctor (specialty not specified)**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)

**Specialist doctor, including OB/GYN**

Not specified

- [R. v. Morgentaler, 1988](#)
- [Canada Health Act amended, 2012](#)




**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.


↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

<p><b>Extra facility/provider requirements for delivery of abortion services</b></p>	<p><b>Referral linkages to a higher-level facility</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Availability of a specialist doctor, including OB/GYN</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Minimum number of beds</b> Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p><b>Other (if applicable)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
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**Quebec (Canada)**



<p><b>National guidelines for induced abortion</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
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<p><b>Methods allowed</b></p>	<p><b>Vacuum aspiration</b> <b>Dilatation and evacuation</b> <b>Combination mifepristone-misoprostol</b> <b>Misoprostol only</b> <b>Other (where provided)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>Dilatation and evacuation (D&amp;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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 123)</a></p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 14)</a></p>
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<p><b>Country recognized approval (mifepristone / mife-misoprostol)</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 13)</a></p>
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<p><b>Country recognized approval (misoprostol)</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 54)</a></p>
<p><b>Where can abortion services be provided</b></p>	<p><b>Primary health-care centres</b>  <b>Secondary (district-level) health-care facilities</b>  <b>Specialized abortion care public facilities</b>  <b>Private health-care centres or clinics</b>  <b>NGO health-care centres or clinics</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>
<p><b>National guidelines for post-abortion care</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b>  <b>Secondary (district-level) health-care facilities</b>  <b>Specialized abortion care public facilities</b>  <b>Private health-care centres or clinics</b>  <b>NGO health-care centres or clinics</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p>
<p><b>Insurance to offset end user costs</b></p>	<p><b>Induced abortion for all women</b>  <b>Induced abortion for poor women only</b>  <b>Abortion complications</b>  <b>Private health coverage</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 18)</a></p>









<p><b>Who can provide abortion services</b></p>	<p><b>Nurse</b>  <b>Midwife/nurse-midwife</b>  <b>Doctor (specialty not specified)</b>  <b>Specialist doctor, including OB/GYN</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</a></p>
<p><b>Extra facility/provider requirements for delivery of abortion services</b></p>	<p><b>Referral linkages to a higher-level facility</b>  <b>Availability of a specialist doctor, including OB/GYN</b>  <b>Minimum number of beds</b>  <b>Other (if applicable)</b></p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>










## Conscientious Objection

<p><b>Canada</b></p>	
<p><b>Public sector providers</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Provider type not specified</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Provider Permitted</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>










<p><b>Public facilities</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Facility Permitted</b></p>	<p>Varies by province</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Alberta (Canada)</b></p>	
<p><b>Public sector providers</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b></p> <p>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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul>









<p><b>Private sector providers</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul>
<p><b>Provider type not specified</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul>
<p><b>Neither Type of Provider Permitted</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)</a></li> </ul>











<p><b>Public facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>British Columbia (Canada)</b></p>	











<p><b>Public sector providers</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 15)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>Health care providers are obliged to provide appropriate care</p> <p>in emergency situations and to facilitate a woman’s access to information about abortion and services as requested.</p>
<p><b>Private sector providers</b></p>	<p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Best Practices for Abortion Care Guidelines for British Columbia, 2004 (page 15)</a></li> </ul> <p><b>Individual health-care providers who have objected are required to refer the woman to another provider</b></p> <p> <b>Not specified</b> 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.</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>Health care providers are obliged to provide appropriate care</p> <p>in emergency situations and to facilitate a woman’s access to information about abortion and services as requested.</p>
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<p><b>Public facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>











<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Manitoba (Canada)</b></p>	
<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Provider type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

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<p><b>Public facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
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<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>New Brunswick (Canada)</b></p>	









<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
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**Newfoundland and Labrador (Canada)**











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<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
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<p><b>Northwest Territories (Canada)</b></p>	
<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

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<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>









<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Nunavut (Canada)</b></p>	
<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Provider type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>











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<p><b>Public facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Ontario (Canada)</b></p>	











<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The College of Physicians and Surgeons of Ontario Policy Statement on Professional Obligations and Human Rights states: “Where physicians are unwilling to provide certain elements of care for reasons of conscience or religion, an effective referral to another health-care provider must be provided to the patient.” The Policy Statement can be accessed at: <a href="http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf">http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf</a></p> <p>It withstood a constitutionality challenge in the Court of Appeals of Ontario in 2019. The judgment can be accessed at: <a href="http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf">http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf</a></p>
<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The College of Physicians and Surgeons of Ontario Policy Statement on Professional Obligations and Human Rights states: “Where physicians are unwilling to provide certain elements of care for reasons of conscience or religion, an effective referral to another health-care provider must be provided to the patient.” The Policy Statement can be accessed at: <a href="http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf">http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf</a></p> <p>It withstood a constitutionality challenge in the Court of Appeals of Ontario in 2019. The judgment can be accessed at: <a href="http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf">http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf</a></p>
<p><b>Provider type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The College of Physicians and Surgeons of Ontario Policy Statement on Professional Obligations and Human Rights states: “Where physicians are unwilling to provide certain elements of care for reasons of conscience or religion, an effective referral to another health-care provider must be provided to the patient.” The Policy Statement can be accessed at: <a href="http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf">http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/human-rights.pdf</a></p> <p>It withstood a constitutionality challenge in the Court of Appeals of Ontario in 2019. The judgment can be accessed at: <a href="http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf">http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.pdf</a></p>

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<p><b>Private facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

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<p><b>Prince Edward Island (Canada)</b></p>	
<p><b>Public sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li><a href="#">R. v. Morgentaler, 1988</a></li> <li><a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li><a href="#">R. v. Morgentaler, 1988</a></li> <li><a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Provider type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li><a href="#">R. v. Morgentaler, 1988</a></li> <li><a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>

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<p><b>Public facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Facility Permitted</b></p>	<p> <b>Not specified</b> 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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">R. v. Morgentaler, 1988</a></li> <li>• <a href="#">Canada Health Act amended, 2012</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Quebec (Canada)</b></p>	

<p><b>Public sector providers</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private sector providers</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Provider type not specified</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Neither Type of Provider Permitted</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Public facilities</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Private facilities</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Facility type not specified</b></p>	 <p><b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
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## 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

3.1.1 Maternal mortality ratio

10 (2017)

3.1.2 Proportion of births attended by skilled health personnel

No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

9.4 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

No data

3.c.1 Health worker density and distribution

No data

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

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

No data

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

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

No data

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

No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

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

No data

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

No data

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

No data

5.b.1 Proportion of individuals who own a mobile telephone, by sex

No data

## Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all



8.5.2 Unemployment rate, by sex, age and persons with disabilities

No data

## Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

No data

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

No data

## 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

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

No data

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

No data

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

No data

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

No data

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

No data

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

No data

16.6.2 Proportion of the population satisfied with their last experience of public services

No data

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

No data

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

No data

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

No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

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

17.8.1 Proportion of individuals using the Internet

No data

### Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

No data

Percentage of births attended by trained health professional

**97.9** (2014)

Percentage of women aged 20-24 who gave birth before age 18

No data

Total fertility rate

**1.4988** (2018)

Legal marital age for women, with parental consent

**16** (2009-2017)

Legal marital age for women, without parental consent	<b>18</b> (2009-2017)
Gender Inequalities Index (Value)	<b>0.09</b> (2017)
Gender Inequalities Index (Rank)	<b>20</b> (2017)
Mandatory paid maternity leave	<b>yes</b> (2020)
Median age	<b>41.1</b> (2020)
Population, urban (%)	<b>81.411</b> (2018)
Percentage of secondary school completion rate for girls	<b>1</b> (2013)
Gender parity in secondary education	<b>1.015</b> (2016)
Percentage of women in non-agricultural employment	<b>49.7</b> (2013)
Proportion of seats in parliament held by women	<b>30.1</b> (2017)
Sex ratio at birth (male to female births)	<b>1.05</b> (2018)