








BRIEF COMMUNICATION

Implementation of the Guidelines on the Voluntary Interruption of Pregnancy

Implementación de la Guía la Interrupción Voluntaria del Embarazo

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ABSTRACT

The Diploma in Gender Equity of the Hospital Interzonal General de Agudos Prof. Dr. Ramón Carrillo seeks to approach health from a feminist and transfeminist perspective, especially in relation to National Law No. 25929, which guarantees the right to the Voluntary Interruption of Pregnancy (VTP). The hospital management faced challenges such as the conscientious objection of some obstetrics professionals. To overcome these obstacles, several actions were proposed, including training professionals in gender equity, expanding care services and improving communication with the community. An interdisciplinary Nurse Liaison team was established to facilitate access to abortion care and a registry system was implemented to monitor outcomes. These measures are expected to reduce barriers to access to sexual and reproductive health, empowering women and pregnant women to make informed decisions about their health. This intersectoral approach and specialized training in gender equity aims to close access gaps and improve the quality of care.

Keywords: Gender Equity; Voluntary Interruption of Pregnancy; Feminist Perspective; Access to Health Services; Professional Training.

RESUMEN

La Diplomatura en Equidad de Género del Hospital Interzonal General de Agudos Prof. Dr. Ramón Carrillo busca abordar la salud desde una perspectiva feminista y transfeminista, especialmente en relación con la Ley Nacional Nro. 25929, que garantiza el derecho a la Interrupción Voluntaria del Embarazo (IVE). La dirección hospitalaria enfrentó desafíos como la objeción de conciencia de algunos profesionales de obstetricia. Para superar estos obstáculos, se propusieron varias acciones, incluyendo la formación de profesionales en equidad de género, ampliar los servicios de atención y mejorar la comunicación con la comunidad. Se estableció un equipo interdisciplinario de Enfermería de Enlace para facilitar el acceso a la IVE y se implementó un sistema de registro para monitorear los resultados. Se espera que estas medidas reduzcan las barreras de acceso a la salud sexual y reproductiva, empoderando a las mujeres y personas gestantes para tomar decisiones informadas sobre su salud. Este enfoque intersectorial y de formación especializada en equidad de género tiene como objetivo cerrar las brechas de acceso y mejorar la calidad de la atención.

Palabras clave: Equidad de Género; Interrupción Voluntaria del Embarazo; Perspectiva Feminista; Acceso a Servicios de Salud; Formación Profesional.

INTRODUCTION

The Diploma in Gender Equity proposes a space for reflection linked to health practice from a feminist, transfeminist, and intersectoral perspective; within this framework, the development of the approach to the

problem and the proposed transformation in relation to the implementation of National Law No. 25929 will be described. 25929, which is expressed in Art. 4° the right to decide on the Voluntary Interruption of Pregnancy, women and people with other gender identities with the capacity to gestate have access to the interruption of their pregnancy up to the fourteenth week, in the Hospital Interzonal General de Agudos Prof. Dr. Ramón Carrillo in one year.^(1,2,3,4,5)

The problem faced by the hospital management was the dilemma between compliance with the Guidelines for the Implementation of the Voluntary Interruption of Pregnancy and the application of the conscientious objection law by obstetrics professionals.^(6,7) Faced with this situation, the facility, as a health care provider, promoted a guarantee mechanism to foresee and arrange for referral to a health care provider that effectively performs the service and that has similar characteristics to the one the person requesting the service consulted, thus responding to the demand of women and people with other gender identities with gestational capacity, who wish to exercise their right to the sovereignty of their body and autonomy. In this specific context, the direction of the hospital in generating relevant interventions and tactics oriented to meet the objective were addressed.^(8,9,10,11,12)

Proposal

During one year, the Hospital Interzonal General de Agudos Prof. Dr. Ramón Carrillo intends to contribute significantly to the reduction of barriers to access to sexual and reproductive health and voluntary interruption of pregnancy. To achieve this goal, several specific objectives are established. First, the aim is to create spaces and institutionalize the training of professionals and non-professionals with a focus on gender equity, thus promoting inclusive care that is sensitive to the specific needs of each individual.^(13,14,15) In addition, it is intended to extend the hours and days of service in gynecology, family planning, and obstetrics outpatient clinics, as well as to improve the availability of spontaneous appointments to meet the demand more flexibly.¹⁶ It is also proposed that continuous communication with the community be strengthened through various means, such as written, verbal, and audiovisual media, with the aim of educating and raising awareness on sexual health issues. Finally, an intersectoral working group will be set up to promote effective coordination between different actors involved in sexual and reproductive health care, with the aim of improving the quality and accessibility of the services offered.^(17,18,19,20) These efforts seek not only to address the immediate needs of the community but also to lay the groundwork for structural and sustainable change in the health system.⁽²¹⁾

Aimed at the woman, the person with another gender identity with the capacity and the right to decide, thus restoring sovereignty and authority over her body, which contributes to reducing health, gender, and socioeconomic inequities, requiring the right to voluntary termination of pregnancy, up to the fourteenth week.

Methodology

A descriptive, observational, and cross-sectional study, which describes compliance with the implementation of National Law No. 25929, which expresses in Art. 4 of the right to decide on voluntary termination of pregnancy women and people with other gender identities with gestational capacity have and access to termination of pregnancy up to fourteen weeks, at the Hospital Interzonal General de Agudos (HIGA) Prof. Dr. Ramón Carrillo during one year. The Microsoft Excel package will be used for statistical processing.

The hospital management promotes an intersectoral strategy to address the problem, firstly by calling on the Nursing Department in order to coordinate interventions and thus make effective the approach to access to abortion through the device formed by a team called Liaison Nursing, which functions as the connector of the community between primary care and specialized care, its center of intervention is the external perinatal health clinics, In addition, a WhatsApp number is enabled to provide home assistance, which is received by nursing and applies a triage to the consultation of the users if the consultation has a resolution character with the promotion of health, it is done by nursing, or if the consultation presents signs and symptoms, it is referred to the corresponding specialty.

The Liaison Nursing adheres to the intersectoral work proposed by the hospital management in order to facilitate the right of access to termination of pregnancy. It intends to apply a model of care and attention that recognizes the woman, the person with another gender identity with the capacity and the right to decide, thus restoring sovereignty and authority over her body, which contributes to reducing inequities in health, gender and socioeconomic, and takes strategies to address the problem through the visualization of a situational diagnosis, a schedule of activities and data collection to obtain indicators and monitor the spaces of transformation for continuous improvement.

In the first instance, the Liaison Nurse applied the SWOT analysis tool, which determines the strengths, weaknesses, opportunities, and threats, to address and visualize the situational diagnosis with respect to the approach to access to abortion in the hospital.

Table 1. Approach to access to abortion according to the SWOT matrix

Fortress	Weakness	Opportunity	Threat
The management of the hospital's management imposed the pertinent interferences in facilitating the approach to access to the Voluntary Interruption of Pregnancy.	Lack of training of professionals and non-professionals in relation to the gender equity perspective.	To participate in intersectoral meetings related to the Gender Equity and/or gender violence perspective in Zone VII.	Difficulty in applying the Integrated Health System.
The opportunity to expand communication with the community through written, verbal and audiovisual media on sex education, rights to access to abortion procedures, contraception.	Generation of professionals with traditional training who are not updated to communicate about the gender perspective and gender equity.	Ministerial Agenda that offers training in the perspective of gender equity and/or gender violence.	
Extending the hours and days of service in gynecology, family planning and obstetrics outpatient clinics and adding the availability of spontaneous appointments on demand.	Accessibility of hours and reduced shifts in outpatient clinics in the obstetrics and gynecology area (only Tuesdays and Thursdays from 8 a.m. to 12 noon).	To form networks with CAPS and work on the model of attention and health care, and the demands of women and people with other gender identities with the capacity to gestate and decide with autonomy.	Fragmentation of health and different services in relation to the accessibility of days and/or hours.
The creation of intersectoral roundtables and the recruitment of interdisciplinary facilitators, linked to the approach to access to the Voluntary Interruption of Pregnancy.	Most of the professionals in the obstetrics area exercise the application of the conscientious objection law and it is difficult to approach the complete stage of access to the Voluntary Interruption of Pregnancy.	To institutionally join the Ministerial agenda and take the University Diploma in Gender Equity/Gender Violence in order to initiate changes in professional profiles.	The high inflation, the low budget, the lack of professional training with a gender equity profile has an impact on the inequity of health accessibility and on the socioeconomic sector.
To insert records from the Perinatal Informatics System and monitor indicators.	Incomplete records in the Perinatal Information System (SIP).	Region VII intersectoral meetings, working group discussions of the institutional reality and resolution management plan.	The governmental levels have not yet implemented computerized systems aimed at the confiscation of medical records.

After obtaining the situational diagnosis and in order to apply an operational plan to program activities based on compliance with the Guidelines for the Implementation of the Voluntary Interruption of Pregnancy in the context of the Gender Equity perspective at the HIGA Prof. Dr. Ramón Carrillo during the period from January to December, the Liaison Nurse was asked to prepare an operational plan for the implementation of the Guidelines for the Voluntary Interruption of Pregnancy in the context of the Gender Equity perspective at the HIGA Prof. Dr. Ramón Carrillo.

Table 2. Activities and chronogram. Implementation Guide for the Voluntary Interruption of Pregnancy in the Context of the Gender Equity Perspective

Activity	Schedule
Meeting with the authorities of the Dr. Prof. Ramon Carrillo Hospital.	January
Presentation of the Project: Approach to access to the Voluntary Interruption of Pregnancy.	February-March
Invitation to form intersectoral tables to the interdisciplinary referents.	March
Training workshop for professionals and non-professionals to present the Implementation Guide for the Voluntary Interruption of Pregnancy.	April-November
Implementation of the Implementation Guide for the Voluntary Interruption of Pregnancy	April-November
Evaluation of the Implementation of the Implementation Guide for the Voluntary Interruption of Pregnancy	July-December
Implementation of records in the computer system and monitoring of indicators.	July-December

After fulfilling the operational plan of the program of activities based on compliance with the Guidelines for

the Implementation of the Voluntary Interruption of Pregnancy, in the context of the Gender Equity perspective in the hospital, the transformation began with an intersectoral team.

A counseling space for the promotion of sexual health was set up with a face-to-face service modality, in which the triage of the consultation is applied:

- If a contraceptive method is required, the client is accompanied to obtain an appointment or to obtain a spontaneous consultation with the obstetrics area, if warranted.
- If a request for the promotion of her rights is detected, verbal and written information (leaflets) is provided.
- If the client requires counseling on sexual health care and hygiene (wound care or suggestions on healthy habits, or follow-up on the use of medically indicated medications, use of condoms, use of the morning-after pill, etc.).
- An email address and a cell phone were set up to receive queries from users who require information on voluntary or legal termination of pregnancy and a referral network to the municipal wards of Primary Health Care Centers (CAPS) for pregnant users up to 13 weeks of gestation and 14 weeks of gestation from a HZGA Dr. Carlos Boccalandro.
- We are working on a daily basis to recruit interdisciplinary facilitators linked to access to the Voluntary Interruption of Pregnancy (VTP).
- Communication with laboratory, diagnostic imaging, and admission services has been strengthened.
- The aim is to train healthcare providers with a gender equity perspective.
- A registration system was set up to establish indicators and monitor interventions related to access to voluntary termination of pregnancy (VTP).
- Continuous communication with the community was expanded through written, verbal, and audiovisual means of sexual education.

The training of midwifery professionals was encouraged to participate in the courses of the ministerial agenda offered by the Diploma in Gender Equity and Gender Violence.

As of August 2023, an obstetrician will assist IVE /ILE procedures for users up to 16 weeks of gestation on Mondays, Wednesdays, and Sundays, and after that, they will be referred to an HZGA, Dr. Carlos Boccalandro.

In order to expand the spaces for continuous improvement, we used the reading of the results of the data collection, which allowed us to focus on the indicators and the monitoring of the interventions related to compliance with the Guidelines for the Implementation of the Voluntary Interruption of Pregnancy.

The analysis of the interventions carried out in the counseling space in person and by WhatsApp or email, linked to facilitating access to the Voluntary Interruption of Pregnancy, 80 % of the consultations were received by WhatsApp or email and were referred to the CAPS that the users chose, the establishment in its capacity as a health care provider, The establishment, in its capacity as a health care provider, promoted a guarantee mechanism to foresee and arrange for referral to a health care provider that effectively provides the service, and that has similar characteristics to the one the person requesting the service consulted and thus respond to the demand of women and people with other gender identities with gestational capacity. The Liaison Nurse received 20 % of the consultations in person in the sexual health counseling space, 15 % of the demands of the users who required information on the promotion of Sexual Health and Responsible Procreation rights, 5 % of the consultations requested counseling in reference to Sexual Health care and hygiene.

The existing gap in relation to compliance with the Guidelines for the Implementation of Voluntary Interruption of Pregnancy (IVE), in the context of the Gender Equity perspective in the HIGA Prof. Dr. Ramón Carrillo, is linked to the generational training of professionals with traditional training who are not updated in the gender perspective and equity.

As well as strengthening strategies in terms of how to detect and act in situations of gender violence and the possibility of working with the community on the beliefs surrounding them and their deconstruction to help prevent their reproduction in a generational and social way.

RESULTS

A significant improvement in access to sexual and reproductive health services is a crucial expected outcome. Expanded opening hours and days of care, together with improved availability of spontaneous appointments, are expected to reduce time barriers and facilitate access to essential services. This is particularly important for abortion, where time is a critical factor.

The proposed communication strategies seek to educate and sensitize the community on sexual and reproductive health and rights. We hope that this will lead to greater knowledge and understanding of sexual and reproductive rights among the general population, resulting in greater autonomy and empowerment of women and other pregnant women to make informed decisions about their health and well-being.

Training professionals and non-professionals in gender equity and sensitivity to the specific needs of each individual aims to improve the quality of care provided. This will generate more inclusive and respectful

environments where patients feel understood, respected, and free from discrimination, which is fundamental for effective and empathetic health care.

The intersectoral approach and specialized training in gender equity are proposed as a strategy to address and reduce gender and socioeconomic health inequities. By ensuring that women and people of other gender identities with gestational capacity have access to abortion and other sexual and reproductive health services, the project aims to close existing gaps in access and quality of care.

The project will face challenges, including potential resistance within the medical community due to conscientious objection and the need to overcome cultural and social barriers surrounding sexual and reproductive health. To mitigate these challenges, a proactive strategy of training, sensitization, and promotion of gender equity is proposed, along with the establishment of intersectoral support networks to facilitate effective coordination among the different actors involved in sexual and reproductive health care.

CONCLUSIONS

The approach proposed by the Hospital Interzonal General de Agudos Prof. Dr. Ramón Carrillo represents a significant step towards transforming the health system to be more inclusive, equitable, and respectful of sexual and reproductive rights. Through the implementation of this initiative, we hope to see a positive change in the way sexual and reproductive health is addressed, resulting in better outcomes for women and people with gestational capacity and a model that can be replicated in other institutions and contexts.

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