

Voluntary interruption of pregnancy (VIP) in Italy: interpretation of the current situation according to the report 2019-2020 of the Italian Ministry of Health

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Abstract

Voluntary interruption of pregnancy (VIP) in Italy is regulated by Law no. 194/1978. Its monitoring is carried out by the VIP Epidemiological Surveillance System, which periodically analyses the results of questionnaires compiled by the territorial healthcare structures and sent by each Region. The latest report, covering the years 2019 and 2020, highlights the adequacy of preventive and proactive strategies, an improvement in the quality and effectiveness of the service offered. Furthermore, considering the COVID-19 pandemic, the reorganization of the IVG application guidelines showed a considerable adaptation to the emergency context through measures such as the increase in pharmacological procedures compared to surgical procedures.

The interpretation of the data shows that in Italy there is one of the lowest VIP rates in Europe, reflecting the effectiveness of campaigns that promote responsible procreation. Further implementations should be extended to the foreign population, which still shows a medium-high VIP rate. The efficiency of the service offered resulted to be high. The latter was assessed considering the waiting period required for the performance of the VIP procedure. Furthermore, the high percentage of conscientious objectors does not harm the healthcare service. The estimates show an adequate territorial coverage by the authorized structures compared to the female population of fertile age.

In conclusion, the central action of planning, organization, and monitoring finds a valid ally in the territorial management entrusted to the Regions. The analyzed report reflects even more margins of efficiency and adequacy when considered within the particular historical context of the pandemic by COVID-19. *Clin Ter 2022; 173 (3):235-242 doi: 10.7417/CT.2022.2426*

Key words: abortion, conscientious objection, guidelines, Italy, law no.194/1978, voluntary interruption of pregnancy, VIP

Introduction

The voluntary interruption of pregnancy (VIP) in Italy is ruled by Law no. 194 of 1978 (Law no. 194 of 22 May 1978, entitled: “*Norms for the social protection of maternity and the voluntary interruption of pregnancy*”) (1). Since the publication of Law No. 194/1978, public opinion has been the protagonist of a heated debate about the rights of the embryo and the fetus, concerning the norms of respect for human life imposed by the Italian Constitution, by Law no. 833/1978 and by the recent Law no. 219/2017 on informed consent and end-of-life issues (2-4).

The medical class was also involved in this debate. In particular, in the case of obstetricians and gynecologist doctors, this debate has focused on the freedom of choice of different therapeutic approaches according to their personal and scientific convictions. For example, the doctor’s choice to perform a vaginal birth or a cesarean section is now a topic of great importance especially in the field of defensive medicine (5-7),

At the same time, the use of conscientious objection allows the doctor to express his disagreement with abortion practices. Specifically, conscientious objection allows the embryo or fetus to be exempted from directly suppressive activities except in situations of maternal emergency (8-12). Abortion, on the other hand, represents only one of the ethical aspects concerning the beginning of life. In recent times, as a result of scientific progress, new medically assisted procreation techniques have emerged (13,14). The latter created in a short time considerable implication as well as judicial proceedings (15-19).

The Ministry of Health recently published a report containing the final data of the year 2019 and the partial data of the year 2020 related to the VIP procedure in Italy (20).

The Epidemiological Surveillance System of VIPs, which was established in Italy in 1980 together with the Higher Institute of Health (ISS), the Ministry of Health and the Italian National Institute of Statistics (ISTAT), promoted the collection of data reported in this work. The tool used is the compilation of a specific form by the health facilities where the interruptions of pregnancy are carried out. This form is then sent to the Regions.

As stated in the report of the Ministry of Health on data about VIPs in Italy for the years 2019-2020: “*the knowledge acquired has enabled the development of strategies and models for the prevention and promotion of health, to improve the effectiveness and efficiency of the services involved in the implementation of the intervention procedures and to assess the effectiveness of the programs implemented*”. Thanks to the aforementioned VIP Surveillance System, Italy collects and uses VIP data quickly and comprehensively.

In the year 2020, due to the spread of the COVID-19 pandemic, the Ministry of Health promptly reorganized the VIP system through special guidelines (21), identifying the VIP as one of the procedures that cannot be deferred in the gynecological field. At the same time, to monitor the impact of the pandemic on VIP's performance, the ISS has prepared a specific survey. The data collected showed that all the Regions have effectively reshaped VIP services, adapting them to the COVID-19 pandemic context.

The measures adopted by the regions include, for example, the carrying out of VIPs only in some facilities as well as the adoption of a separate route for positive COVID-19 women who required access to the VIP.

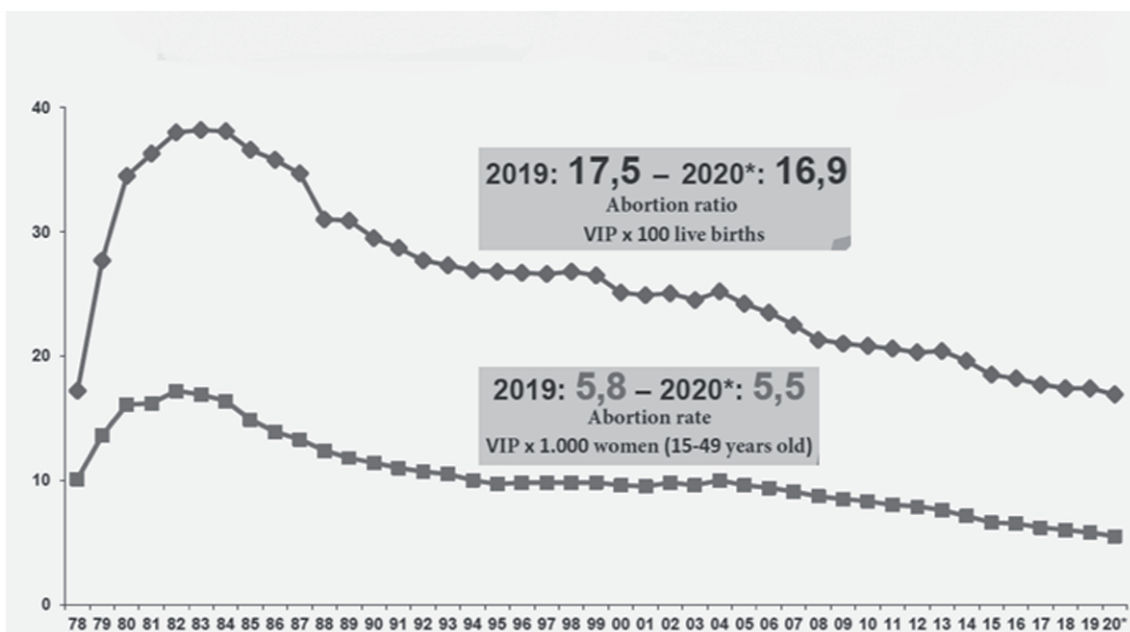
Finally, on 12 August 2020, the Ministry of Health issued the updated circular of the “*Guidelines on voluntary interruption of pregnancy with Mifepristone and prostaglandins*”

(22) which, with the approval of the Italian Higher Health Council, allows healthcare professionals to carry out the VIP through drugs, up to nine full weeks of gestational age (23-26). The interruption occurs in a day hospital setting or within structures that are authorized by Regions and functionally connected to a hospital. The Ministry of Health recently published a report containing the final data.

Discussion

From the analysis of the final data of the year 2019 and the partial data of the year 2020 related to the VIP procedure in Italy, it is possible to highlight that:

- in 2019, 73,207 VIPs were carried out by Italian facilities, indicating a constant decrease in VIP since 1983, and in particular a decrease of 4.1% compared to the year 2018. Compared to the year 1983, when the VIPs peak occurred in Italy, the number of cases in 2019 decreased in the order of less than 30%;
- the Surveillance System, for the year 2020 has recorded the preliminary regional data of the number of VIPs, estimating the abortion rate and the abortion ratio in Italy;
- the abortion rate (number of VIPs compared to 1000 women aged 15-45 years) in Italy is still lower compared to 2019 and among the lowest in Europe. Otherwise, the abortion ratio (number of VIPs compared to 1,000 live births) in Italy is slightly higher in 2019 compared to 2020. However, this evidence cannot be separated from the steady decline in the birth rate in Italy. Indeed, in 2019 the number of births in Italy decreased by 19,723 cases compared to 2018 (Fig. 1).



* preliminary data

Fig. 1. Ratios and rates of abortion in Italy - Years 1978-2020. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law no. 194/78). 2019 final data and 2020 preliminary data.

The analysis of the abortion rate in relation to the female age group represents a piece of further interesting evidence that emerges from the 2019-2020 report of the Italian Ministry of Health.

In 2019, it was registered a marked decrease in the abortion rate among very young women, while there was a lower decrease among women aged 25-34. In particular, there was no decrease in the abortion rate among women aged 35-39 in 2019. This age group is, however, the least numerically represented both for social reasons (progressive increase in the average maternity age) and for biological reasons (reduction in fertility rate and therefore pregnancy) (27).

The analysis of the data about the qualifications of the women who requested VIP permitted obtaining the following results.

In 2019, lower secondary education was prevalent (44.8%) among Italian women who requested VIP. In the same year, instead, upper secondary education was prevalent (47.0%) among foreign women accessing VIP.

The analysis of the employment data showed that there was an increase in the percentage of Italian women employed who accessed VIP in the year 2019 (50.2%), compared to the year 2018 (48.6%).

For the year 2019, there was a lower percentage of employed foreign women accessing VIP (39.2%) compared to the same group of Italian women (50.2%).

The analysis of the marital status shows that, among Italian women requesting VIP, the percentage of nubile women (62.6%) is increasing and it is higher than that of married women (31.4%).

Instead, among foreign women who access VIP, there is no significant difference between the two groups (46.7% nubile women, 48.0% married women).

45.5% of Italian women who accessed VIP had no children, while for foreign women this percentage was 26.8% (Fig. 2).

In 2019, the abortion rate among minors (2.6%) decreased compared to the total number of VIPs. Data from the 2019-2020 Italian report confirms that the percentage of VIP requests among young women is lower in Italy compared to other European countries.

Data on repeated VIPs in Italy in the year 2019 shows a percentage of 25.2% (25.5% in 2018). Moreover, this figure indicates that Italy remains the country with the lowest rate of repeated abortions internationally (Tab. 1).

Table 1. VIP (%) for previous VIPs: international scenario. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law No. 194/78). 2019 final data and 2020 preliminary data

| COUNTRY | YEAR | Number of previous VIPs | | | | |
|-------------------|--------|-------------------------|------|-----|-----------|------|
| | | 0 | 1 | 2 | 3 or more | ≥1 |
| ITALY | (2019) | 74,8 | 18,2 | 4,9 | 1,4 | 24,5 |
| | (2018) | 74,5 | 18,5 | 4,8 | 1,3 | 24,6 |
| | (2006) | 73,0 | 18,6 | 5,5 | 3,0 | 27,1 |
| ENGLAND and WALES | (2019) | 60,0 | 29,0 | 8,0 | 3,0 | 40,0 |
| NETHERLANDS | (2018) | 64,6 | 25,4 | 6,7 | 3,4 | 35,5 |
| SPAIN | (2018) | 63,2 | 23,7 | 8,4 | 4,5 | 36,6 |
| SWEDEN | (2018) | 54,8 | 26,0 | --- | 19,2--- | 45,2 |
| USA | (2018) | 59,9 | 23,9 | 9,9 | 6,4 | 40,2 |

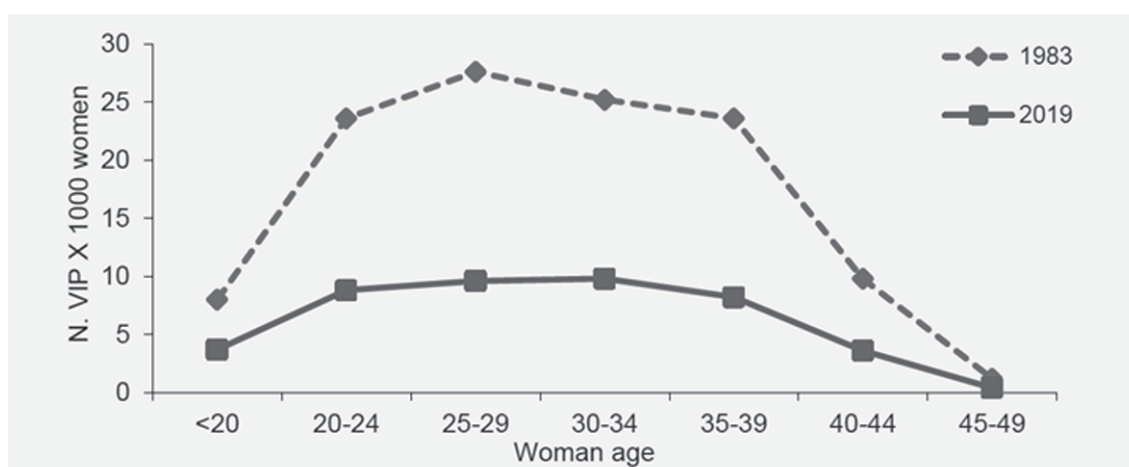


Fig. 2. Abortion rates per age - Years 1983 and 2019. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and for voluntary interruption of pregnancy Law no. 194/78). 2019 final data and 2020 preliminary data.

Percentage distribution of VIPs for gestational age

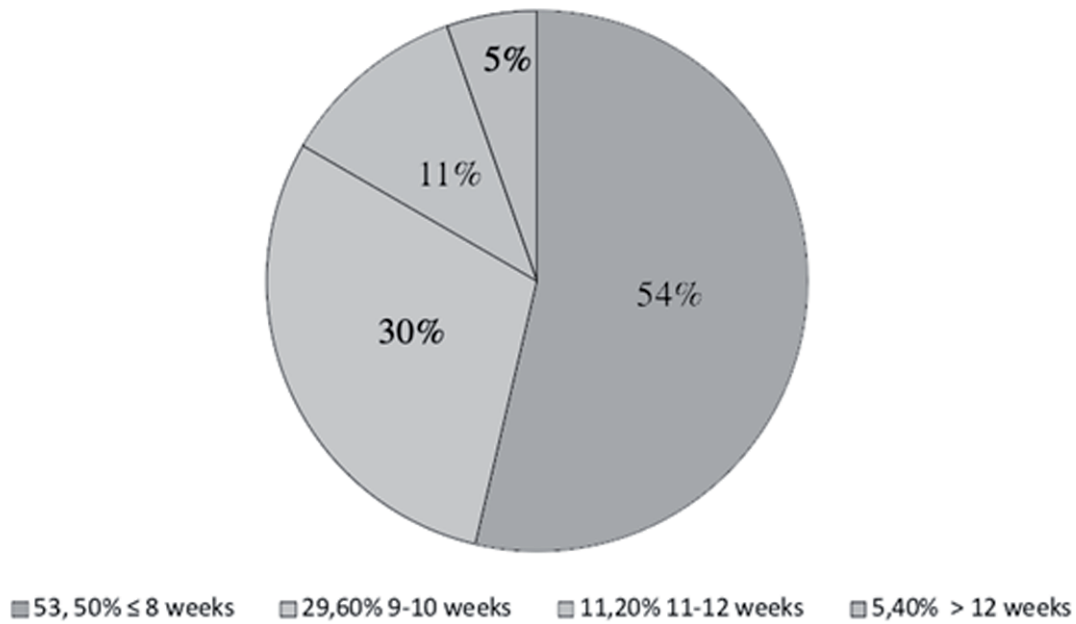


Fig. 3. Percentage distribution of VIPs for gestational age - Year 2019. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law no. 194/78). 2019 final data and 2020 preliminary data.

A further piece of interesting analysis consists in analyzing the VIP in relation to the gestational age (Fig. 3).

Early VIP interventions are growing: 53.5% of procedures were carried out within 8 weeks of gestation (compared to 50.9% in 2018), 29.6% of procedures were carried out within 9-10 weeks of gestation, 11.4% of procedures were

carried out within 11-12 weeks of gestation and only 5.4% of procedures were carried out after the twelfth week.

The study of the percentages of the method chosen for the VIP procedure turns out to be equally interesting (Fig. 4).

It is possible to deduce how the Karman hysterosuction turns out to be the widely chosen method (60.4%)

Percentage distribution of VIPs for intervention type

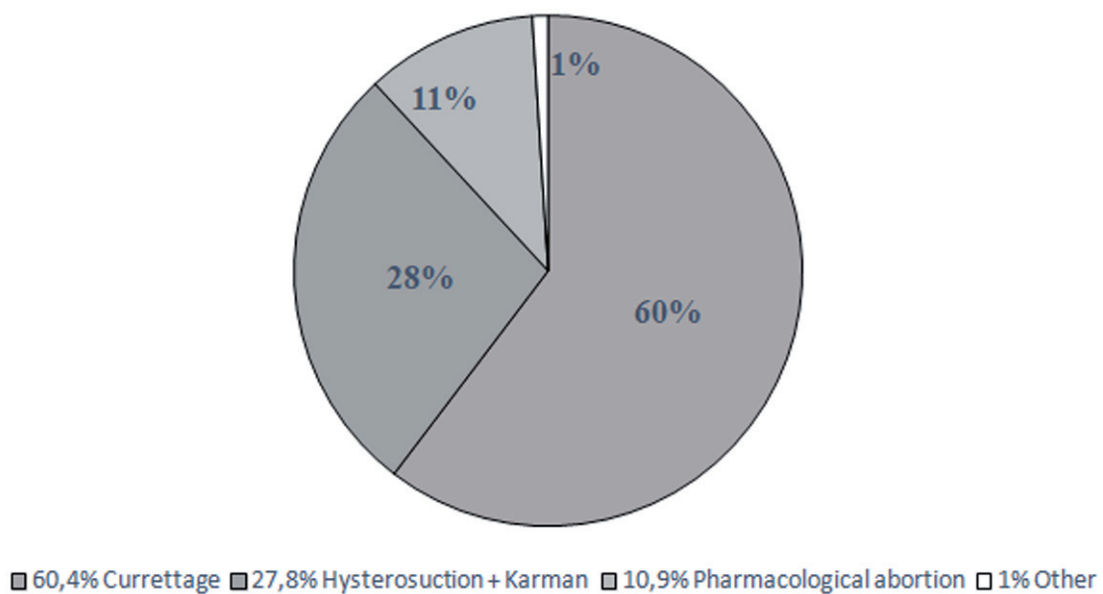


Fig. 4. Percentage distribution of VIPs for intervention type. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law no. 194/78). 2019 final data and 2020 preliminary data.

The Ministry of Health report also shows a decrease in waiting times between the VIP procedure and the issuance of the relevant certification. In fact, according to the report of the Ministry, certification was issued within 14 days in 72.6% of cases in 2019 compared to 70.2% of cases in 2018.

The collected data about the rate of conscientious objectors within healthcare professionals, in general, derive partly from surveys started in 2013. These surveys were carried out employing questionnaires sent by each Region every four months. The content of these questionnaires concerns the total number of accredited structures within each Region and the relative percentage of healthcare staff employed as conscientious objectors.

The current legislation (Law no. 94/1978) provides that the authorized medical centres are obliged to perform VIP procedures and interventions.

In order to monitor effective law enforcement, therefore, statistical indicators have been developed:

- the raw number of authorized medical centres per Region;
- the number of authorized medical centres per Region in relation to the female population of childbearing age;
- the regional raw number of health professionals who are not conscientious objectors.

Well, the first parameter shows a wide fluctuation between the Italian Regions (Tab. 2).

It appears that two Regions (Autonomous Province of Bozen and Campania) have a percentage of VIP medical centres which is less than 30% of the total departments of Gynecology and Obstetrics available within the same Region. At the same time, in eight Regions the percentage of VIP medical centres is greater than 70% of the total departments of Gynecology and Obstetrics available within the same Region.

Table 2. VIP supply in terms of available medical centres. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law no. 194/78). 2019 final data and 2020 preliminary data.

| Region | Medical centres* with a Gynecology and/or Obstetrics Department | Medical centres practising VIPs | Percentage of Medical centres practising VIPs | Medical centres practising VIPs per 100.000 fertile women (age15-49) |
|------------------|---|---------------------------------|---|--|
| Piedmont | 33 | 26 | 78,8% | 3,1 |
| Aosta Valley | 1 | 1 | 100,0% | 4,0 |
| Lombardy | 74 | 56 | 75,7% | 2,7 |
| A.P. Bozen** | 7 | 2 | 28,5% | 1,8 |
| A.P.ofTrento*** | 5 | 3 | 60,0% | 2,7 |
| Veneto | 36 | 31 | 86,1% | 3,1 |
| Friuli V. Giulia | 14 | 9 | 64,3% | 3,9 |
| Liguria | 15 | 13 | 86,7% | 4,6 |
| Emilia-Romagna | 53 | 34 | 64,2% | 3,8 |
| Tuscany | 31 | 27 | 87,1% | 3,7 |
| Umbria | 12 | 11 | 91,7% | 6,3 |
| Marche | 14 | 12 | 85,7% | 3,9 |
| Lazio | 39 | 23 | 59,0% | 1,9 |
| Abruzzo | 15 | 8 | 53,3% | 3,0 |
| Molise | 3 | 1 | 33,3% | 1,6 |
| Campania | 72 | 19 | 26,4% | 1,5 |
| Apulia | 33 | 21 | 63,3% | 2,5 |
| Basilicata | 7 | 4 | 57,1% | 3,5 |
| Calabria | 18 | 9 | 50,0% | 2,2 |
| Sicily | 60 | 32 | 53,3% | 3,0 |
| Sardinia | 22 | 14 | 63,6% | 4,3 |
| ITALY | 564 | 356 | 63,1% | 2,9 |

* The following medical centres were excluded: private university hospitals, IRCSS foundations, non-accredited medical centres, L.S.U. institutes, medical centres non-authorized by Regions.

** Autonomous Province of Bozen. ***Autonomous Province of Trento.

The total number of medical centres authorized to carry out VIP, equal to 63.1% of all departments of Gynecology and Obstetrics in Italy, shows a slightly decreasing trend compared to previous years (64.9% in 2018 and 64.5% in 2017).

Concerning the female population of childbearing age, it is estimated that the Region with the lowest efficiency has 1.5 VIP medical centres per 100,000 women of childbearing age. The Region with the highest efficiency, however, shows a value of 6.3.

The interpretation of this evidence is that although there is a wide fluctuation in the offer of VIP medical centres within the national territory, the number of such facilities is always adapted to the population.

As for the regional raw number of conscientious objector's healthcare workers, it is possible to state there is still a high percentage of conscientious objectors' gynecologists (67% in 2019), despite this value being slightly decreasing compared to the previous year (69%). A lower rate, also decreasing, is observable in relation to anesthetist (43.5%) and non-medical personnel (37.6%). Such high percentages may give rise to fears that the operators employed are insufficient to meet the demand for VIP services.

In the first instance, regional coordination is effective in providing the service: following the legislative provisions the implementation of the procedures is also ensured by the mo-

bilization of non-objector staff within the different regional structures. In this way, it is reported that VIP procedures have been effectively carried out even within structures without doctors not conscientious objectors.

Finally, in light of such a low percentage of operators involved in VIP procedures, a further study was made. The weekly workload of non-conscientious objectors has been estimated by national data from each medical centre. This indicator consists of the average number of weekly VIP procedure per gynecologist. The latter is based on the absolute number of VIPs carried out divided by the 44 annual weeks of service.

The first fact that emerges is that the amount of work carried out by any non-conscientious objector healthcare professional, in recent years, has not undergone a substantial change. However, especially in comparison to 2016, there is a decreasing trend. Obviously, as for the previously presented data, this indicator also shows considerable fluctuations between different Regions. The lowest rate of weekly VIP procedures (0.5 in Aosta Valley) is about 13 times lower than the highest recorded value (6.6 in Molise). In any case, the relationship between operators and performance is relatively stable over time. This evidence, which should always be compared to the maximum number of performances carried out in each medical centre, appears as an appreciable indicator of adequacy (Tab. 3).

Table 3. Average weekly VIP workload per worker - Years 2016-2019 and maximum workload per single establishment in 2019. Italian Ministry of Health. Report of the Ministry of Health on the implementation of the law containing rules for the social protection of maternity and voluntary interruption of pregnancy (Law no. 194/78). 2019 final data and 2020 preliminary data.

| Region | Weekly VIP workload per not conscientious objector healthcare worker | | | | Maximum value per single VIP Medical centre in 2019 |
|-------------------|--|------------|------------|------------|---|
| | 2016 | 2017 | 2018 | 2019 | |
| Piedmont | 1,3 | 1,1 | 1,1 | 1,1 | 2,2 |
| Aosta Valley | 0,3 | 0,2 | 0,3 | 0,5 | 0,5 |
| Lombardy | N.P. | 1,2 | 1,1 | 1,1 | 6,5 |
| A.P. of Bolzen* | 1,2 | 2,3 | 2,4 | 1,5 | 2,8 |
| A.P. of Trento ** | 0,8 | 0,7 | 0,9 | 0,8 | 2,9 |
| Veneto | 1,2 | 1,2 | 1,2 | 1,1 | 4,7 |
| Friuli V. Giulia | 0,6 | 0,5 | 0,5 | 0,5 | 1,0 |
| Liguria | 1,3 | 1,0 | 1,0 | 0,8 | 3,5 |
| Emilia-Romagna | 0,7 | 0,7 | 0,8 | 0,7 | 6,0 |
| Tuscany | 1,0 | 0,9 | 0,8 | 0,8 | 2,4 |
| Umbria | 1,1 | 1,1 | 0,8 | 0,8 | 1,3 |
| Marche | 0,8 | 0,9 | 0,8 | 0,9 | 2,5 |
| Lazio | 2,6 | 2,4 | 2,0 | 2,1 | 8,0 |
| Abruzzo | 2,4 | 2,1 | 1,7 | 1,9 | 11,9 |
| Molise | 9,0 | 8,6 | 3,8 | 6,6 | 6,6 |
| Campania | 1,4 (*) | 3,6 | N.P. | 2,6 | 10,9 |
| Apulia | 3,0 | 2,7 | 2,0 | 2,6 | 12,3 |
| Basilicata | 2,5 | 3,1 | 1,5 | 1,3 | 2,3 |
| Calabria | 1,9 | 1,7 | 1,6 | 1,4 | 7,6 |
| Sicily | 1,7 | 1,9 | 1,2 | 1,9 | 17,7 |
| Sardinia | 0,6 | 0,5 | 0,4 | 0,6 | 1,3 |
| ITALY | 1,6 | 1,2 | 1,2 | 1,1 | |

** Autonomous Province of Bozen. ***Autonomous Province of Trento.

Conclusion

The report commented in this paper allows evaluating the continuous and constant VIP monitoring process which is carried out in Italy.

The Italian abortion rate is among the lowest in Western countries and remains prevalent among the foreign population. Thus, it would be desirable to promote greater interaction with the Italian National Health Service (SSN), activating counseling paths aimed at promoting responsible filiation as well as an informed and effective contraception.

The use of pharmacological VIP has probably had a positive effect on the overall decrease of VIPs, but correct information about this method is essential to prevent the inappropriate use of this procedure.

The decrease in waiting times is appreciable and testifies to the improvement of the quality of the services offered. Even the use of Vips, especially in the first 8 weeks of gestation, is appreciable. The latter is perhaps due in part to the increase in the use of the pharmacological technique, typical of an early gestational age.

The decrease of repeated VIP, on the other hand, shows the spread of a culture of conscious procreation, which represents, according to the intent of the Italian legislator in 1978, an alternative to abortion.

Finally, given the high rate of health workers conscientious objectors, it is possible to observe how the current organization of the healthcare system is virtuous, ensuring adequate access and provision of services in each Region. This objective, which is achieved without overloading the designated operators, is also pursued through adequate recruitment and mobilization of human resources within the territory.

In conclusion, it is possible to affirm how the quality of the service offered by the SSN in the matter of VIP is high. The prospective evaluation also shows a constant improvement compared to previous years. The central Ministry of Health role, together with the territorial management adopted by the individual Regions, is therefore virtuous, especially considering the pitfalls posed by the particular historical context generated by the COVID-19 pandemic.

Conflicts of Interest: The authors declare no conflict of interest.

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