

		For uterine size upto 12 weeks from LMP	For uterine size greater than 12 weeks from LMP
WHO*	Specialists (ob gyns)	✓	✓
	Non-specialists	✓	✓ ^a
	Nurses/midwives	✗	✗
HOW	Medical methods ^b	✓	✓ ^a
	Surgical methods	✓ ^c	✗
Where		Station hospitals, township hospitals, district hospitals and above	

^aUnder the supervision of an obstetrician and gyneacologist

^bMisoprostol only

^cManual vacuum aspiration

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ABORTION

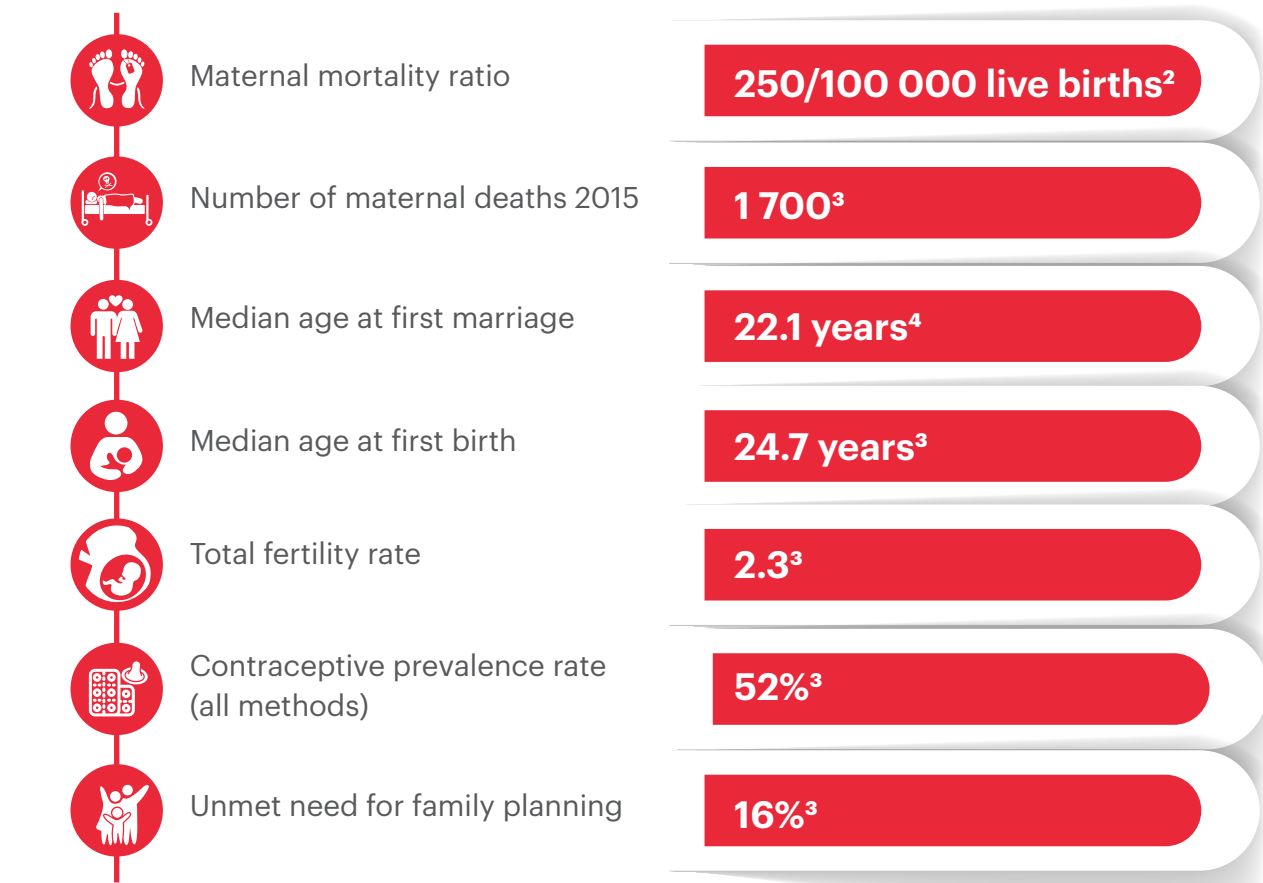
POLICY LANDSCAPE

Myanmar

BACKGROUND

Myanmar is the largest of the mainland South-East Asian countries. It’s total population is 54 million, with 52% female population¹. The sex ratio for Myanmar is 93 males for 100 females³.

Table 1 provides a snapshot of key reproductive health indicators for Myanmar. There has been a reduction in the MMR over the past two decades – from 376 in 1995 to 250 in 2017.



Abortion related mortality remains the second largest cause of maternal deaths in the country – while official figures attribute 16% of all maternal deaths to unsafe abortions⁵, experts say the reality is likely higher as deaths from infections are counted separately.⁶

ABORTION-RELATED INDICATORS

- As per the annual hospital statistics, Myanmar has an abortion rate of 174 per 1000 Pregnancies.⁴
- Hospital data shows that septic abortions contribute to 20 – 25% of all abortion-related admissions; abortion-related deaths account for about half of the maternal death cases in the period 2009 – 2011.⁴

ABORTION LAWS AND POLICIES

Abortion in Myanmar is highly restricted and causing miscarriage/ conducting abortion is permitted only to save the life of the woman in accordance with Articles 312 – 316 of the Myanmar Penal Code⁷. The provisions for miscarriage have remained unchanged since the establishment of the 1860 Burma Penal Code.

Obtaining or providing/causing an abortion/miscarriage is liable to severe financial and criminal penalties – imprisonment of up to three years and/or a fine can be imposed against any individual who performs an abortion/causes a miscarriage, including women who induce their own abortion/cause miscarriage. If the abortion/miscarriage results in the death of the woman, punishment is 10 years’ imprisonment and a fine. The punishment varies depending on the gestational age of the pregnancy, whether the woman’s consent has been obtained and if the abortion results in the death of the woman.

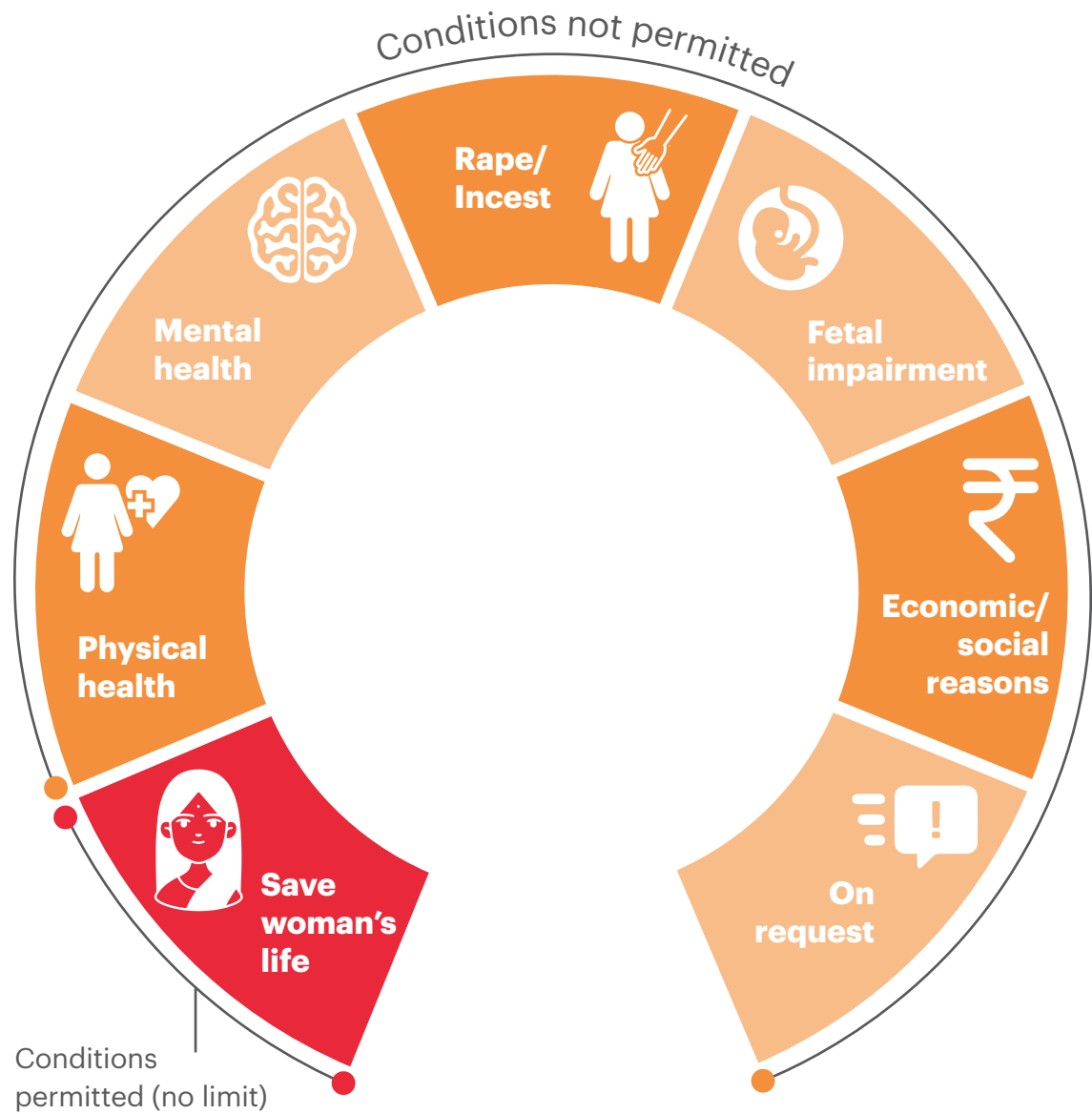


Figure 1: Conditions9 and gestation limit for which abortion is permitted in Myanmar

PROVISION OF POST-ABORTION CARE

National Health Plan 2017 – 2021⁸ includes post-abortion care as one of the basic essential package of health service.

The Ministry of Health’s Guideline on post-abortion Care for Public Sector Health Facilities (2015) says that post-abortion care is a series of interventions designed to strengthen the management of miscarriage and post-abortion complications as an integral component of the essential package of reproductive health services. It includes the essential care for women with miscarriage or abortion and its complications, compassionate counselling, contraceptive services, related reproductive health services provided onsite or via referrals to accessible facilities and community-service provider partnerships.

POLICY PROGRESS AND GAPS

- 1 The national post-abortion Care Guidelines, 2015, reflect WHO recommendations regarding uterine evacuation technologies – for the first time, PAC using medical methods (misoprostol) was included.
- 2 Management of miscarriage and post abortion care is a priority in the country’s Strategic Plan for Reproductive Health Services.
- 3 While the contents of essential package of reproductive health interventions in the National Health Plan talk about counselling including on dangers of unsafe abortion, there exist no policies for making abortion safe.
- 4 The policy documents do not mention private facilities.
- 5 Increase in SRHR soon to be launched under strategic direction in National Health Plan to include safe abortion for rape and incest.