


2025

An artistic illustration of a woman's face and hands. The woman has dark skin, dark hair, and is wearing orange hoop earrings and a red top. Her hands are raised, holding a white sign with green text. The background is a solid green color.

**GUIDE TO
VOLUNTARY
PREGNANCY
TERMINATION**

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ABORTION

UNIVERSAL



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ACCESSIBLE

50 Years of April and the Right to Abortion

Fifty years after the 25th of April, A Colectiva has launched a Guide to Voluntary Termination of Pregnancy to affirm that universal, free, and accessible public services make democracy possible; this is our fight. We revive the collective memory of the April Revolution, to which we are also heirs, and the project of consolidating rights that it initiated. We also commemorate 17 years since the decriminalization of Voluntary Termination of Pregnancy (VTP) with Law no. 16/2007, which guaranteed access to safe and free abortion upon the pregnant person's request. This victory was not achieved through institutions but rather through the construction of a social majority—decades of struggle that ensured a fundamental right of Portuguese democracy.

Today, conservative and reactionary voices feel emboldened, as they are institutionally protected, to attack civil rights by occupying public spaces with outdated ideas and mockery. However, we respond with the conviction that this social majority—comprising civil society, the feminist movement, and health professionals—remains alive and active. This is the same majority that won the second referendum in 2007. Committed to self-determination, rights, and the right to choose, it refuses to return to past debates, clandestinity, or criminalisation. It remains present to address what is still urgent: the need to amend the current conservative law by extending the gestational limit to 14 weeks. This majority also demands greater investment in the National Health Service (SNS) to ensure that access to abortion is a real right rather than a bureaucratic and moral trap.

We say: April 25th, always. Fascism, never again.



INTRODUCTION

The document we are now publishing is part of the original version of this Guide prepared by A Coletiva and with the contribution of the Association for Family Planning (APF). This new version - revised, improved and expanded - originates from reports and/or experiences of migrant people shared with us and arises from joint work and reflection between the collectives La Grupa (Latin American collective) and Argentina No Se Vende (Argentine assembly in Portugal) and A Coletiva (Portuguese feminist collective). We seek, with it, to provide a set of practical and reliable information, so that all pregnant people can more easily access a right protected by Portuguese legislation. It also intends to clarify a process that can be confusing and misleading, seeking to prevent the exercise of the right to self-determination of bodies from being subject to constraints. At the same time, it seeks to open space for new voices in the fight for the sexual and reproductive rights of pregnant bodies in Portugal to resonate, favoring an internationalist perspective of feminism.

The guidelines and recommendations we present in this Guide, are valid for the present moment. They will be altered or complemented, according to changes that may arise at the legislative level or scientific evidence. This guide was constructed using various sources of information, particularly using the Family Planning Association (APF), the General Directorate of Health (DGS) and the WHO (World Health Organization).



FOR SAFE, UNIVERSAL, AND FREE ABORTION

2024 is a year of memory of struggles and conquered rights. Fifty years have passed since the 25th of April. Seventeen years have passed since the decriminalization of Voluntary Termination of Pregnancy (VTP) requested by women. Law No. 16/2007 enshrined the right to safe and free abortion, as a result of a struggle lasting more than ten years, and two referenda, led by many women, health professionals and social and feminist movement activists.



Preserving democracy means preserving the rights won, it means naming what needs to be done and what has not been done. In Portugal, figures from the General Directorate of Health (DGS) tell us that there are 40 hospital units prepared to guarantee the practice of VTP, but only 29 do it. Conscientious objection, which should not constitute a barrier to the application of the law, has become, in practice, a bureaucratic and moral boycott in hospitals with Gynecology and Obstetrics specialities. As a national registry of conscientious objector health professionals is not mandatory, there is no capacity to map the health units that guarantee access to abortion, or to organize services to guarantee the right.

When an open door is found, the average waiting time between the prior consultation and the day the VTP is performed is five days, an excessive time, taking into account the 10 weeks that the law imposes. The portrait is as follows: women who travel kilometers, redirected from one place to another, especially in the cases of residents in the Center, Alentejo and Azores regions, looking for an alternative in urban centers with a greater offer of health services, a route which ends, in many cases, in Lisbon at the private Clinic dos Arcos. We just have a State that does not ensure that a right provided for by law is implemented in the National Health Service without boycotts and redirections.

We know that, in Portugal, carrying out a VTP is running against time, against the very grammar of the law, which proves to be conservative compared to those in most European countries, with regard to the legal period authorized for the VTP. Compared to the 12 weeks practiced by the vast majority of countries with a legal framework for VTP at the request of the pregnant person, in Portugal, the period is limited to 10 weeks.




According to the Preliminary Analysis Report of Pregnancy Interruption Records (2018-2021), although we are the country in Europe with the shortest median number of weeks of pregnancy for VTP (seven weeks), there are countless women who are unable to access it within the legal gestational period. We are, furthermore, constrained by a restrictive and decoyed law, which imposes a mandatory reflection period and the intervention of two doctors during the procedure.

We reject this excess of zeal that aims to hinder access to a right and we demand that Sexual and Reproductive Health will not be the sub-basement of Health. We want a legal framework that responds to present needs. We want the Portuguese State to fulfill its legal obligation and audit the effective conditions, so that the right to safe and free abortion is guaranteed by the National Health Service without bureaucratic and moral obstacles to the exercise of the right to reproductive self-determination.

Seventeen years after the victory in the referendum on February 11, 2007, which decriminalized abortion at the request of a person pregnant up to 10 weeks, we list a number of urgent situations that remain to be resolved. The defense of democracy, freedom, self-determination and sexual and reproductive rights cannot wait any longer, therefore, we demand from the Portuguese State, following the recommendations of the World Health Organization (WHO):

- Eliminate the mandatory reflection period;
- Remove the compulsory involvement of two physicians for VTP procedures;
- Extend the gestational limit to 12 weeks, in line with most European countries;



For a law that responds to current needs!

- Allow VTP to be performed in primary healthcare centers, strengthening the healthcare network across the country and ensuring the right to choose of pregnant person the health unit to go.
- Invest in training, awareness-raising, and continuous education for comprehensive sexual and reproductive health professionals;
- Ensure all healthcare units are prepared to provide comprehensive VTP care and guarantee this right with a consistent healthcare team, preventing conscientious objection from obstructing the law.

LEGAL FRAMEWORK FOR VTP IN PORTUGAL

The exclusion of voluntary termination of pregnancy (VTP) from criminal liability has been part of Portuguese legislation since 1984. Law No. 20/84 decriminalized abortion under three circumstances: congenital malformation, risk to the life of the pregnant person, and cases of sexual assault (rape). However, it was not until 2007, with Law No. 16/2007, that VTP was decriminalized up to 10 weeks of pregnancy upon request by the pregnant person.

Currently, Portuguese law decriminalizes VTP performed in official or officially recognized health facilities under the following circumstances (Article 142 of the Penal Code):

1 - VTP is not punishable if performed by a doctor or under their direction in an official or officially recognized health facility, with the pregnant person's consent, when:

It is the only means to prevent a risk of death or severe, irreversible damage to the physical or mental health of the pregnant person.

It is indicated to prevent a risk of death or serious, lasting harm to the physical or mental health of the pregnant person and is performed within the first 12 weeks of pregnancy.

- c) There is a well-founded likelihood that the fetus will incur a serious, incurable disease or congenital malformation, performed within the first 24 weeks of pregnancy (except in cases of non-viable fetuses, where termination can be performed at any time).
- d) The pregnancy results from a sexual offense, and termination is performed within the first 16 weeks.
- e) The pregnant person decides to terminate the pregnancy within the first 10 weeks.



METHODS OF VTP

There are two types of procedures to terminate pregnancy: medication and surgery. The method used depends on the length of pregnancy or any health particularities of the pregnant person. In Portugal, the most used method is medication. In the vast majority of cases, abortion, whether surgical or medical, is performed on an outpatient basis, without the need for hospitalization. Only in very specific situations is the hospitalization totally necessary.

MEDICAL METHOD

It is based on the combined action of two drugs: mifepristone and misoprostol. Its success rate is around 98%. Mifepristone is taken in tablet form and works by blocking the hormone responsible for maintaining pregnancy, the progesterone. Between 36-48/hrs after taking mifepristone, misoprostol is administered, which will cause contractions of the uterus, causing bleeding and the expulsion of uterine contents. In 40% of cases, the expulsion of uterine contents occurs approximately 4 (four) hours after taking the medication. As a result of the medication, the pregnant person may experience more or less intense pelvic pain and blood loss, which can continue for around 9 (nine) days (or up to 45 (fourty-five) days in rarer cases). It is very important not to miss the post-abortion consultation, to prove the effectiveness of the procedure and to schedule a family planning consultation.

ADVANTAGES AND DISADVANTAGES

This method avoids surgical and anesthetic risks, can allow more privacy and compatibility with the pregnant person's personal commitments or obligations and be perceived as a "natural" process. However, it may require more consultations, cause a longer period of bleeding and more pain than the surgical method, and generate anxiety about its effectiveness.

SURGICAL METHOD

Surgical abortion consists of aspiration of the uterine contents, with a plastic probe, under general or local anesthesia, previously agreed with the doctor. To prepare the cervix and make the intervention easier, two pills (misoprostol) are administered three hours before the procedure, vaginally or orally. Depending on how the vacuum is produced, the technique used can be electric aspiration, using an electric pump, or manual, in which the vacuum is created using a plastic vacuum cleaner held and activated manually. The intervention lasts between 5 and 20 minutes and the stay in the service normally lasts a morning or an afternoon. The risk of failure of this intervention is minimal, as its average success rate is 99.7%. Only in very specific situations is hospitalization necessary. In the vast majority of cases, abortion, whether surgical or medical, is performed on an outpatient basis, without the need for hospitalization.

ADVANTAGES AND DISADVANTAGES

Surgical abortion can be performed later, that is, it is a safe and effective technique for all stages of pregnancy provided for by law. However, the pregnant person has less control over the procedure.

CAN I CHOOSE THE VTP PROCEDURE?

Yes. Legislation permits the choice of method depending on the gestational period, clinical conditions, and associated risks. The request must be communicated during the initial consultation with your family doctor or the health center. The decision on the method is made jointly with the doctor, who will assess the most clinically appropriate approach. According to annual statistics from the Directorate-General for Health (DGS), the most common method in the National Health System (public hospitals) is medical termination, whereas the most common method in legally recognized private services is surgical termination.

CONTRACEPTION

As soon as possible after terminating a pregnancy, you can become pregnant again. If that is not your wish, you should immediately use a form of contraception. All contraceptives, including the intrauterine device (IUD) and hormonal methods, can be used immediately after an abortion. Some methods are started on the day of taking misoprostol, others can only be started later. At the control consultation, you will be able to talk about the method that best suits you and schedule a family planning consultation. Access to family planning consultations, as well as contraceptives, are free of charge at the health centers, youth care centers and hospital gynecology and obstetrics services.



WHERE CAN I UNDERGO A VOLUNTARY TERMINATION OF PREGNANCY (VTP)?

The law allows VTP to be performed in any official health establishment (SNS) or one officially recognized. However, public hospitals have their own regulations stating that they only attend to patients within their designated service area to stay organized and avoid overwhelming demand. If you want to terminate a pregnancy at a facility outside your area of residence, you should speak with the healthcare professional at your local health center or hospital to be referred accordingly.

IS VTP FREE?

Yes. The legislation guarantees that VTP procedure is free, if it is carried out in public or officially recognized health establishments.

*Free,
universal
and safe!*



IN CASE OF AN ABORTION, CAN I MISS WORK?

Yes. According to the law, pregnant person are entitled to leave lasting a minimum of 14 days and a maximum of 30 days. This deadline is set out in the medical certificate.

I AM PREGNANT AND I WANT TO TERMINATE THE PREGNANCY. WHAT NOW?

Law No. 16/2007 guarantees the legal and free possibility of terminating a pregnancy up to 10 weeks in an official or officially recognized healthcare facility.

Only pregnant individuals who are national citizens or, if foreign, have their legal status regularized.

I AM A FOREIGN RESIDENT IN PORTUGAL. CAN I UNDERGO VTP?

Yes. Migrant individuals with the capacity to conceive have the right to access VTP procedure.

If your legal status is regularized, you can have the procedure done for free through the SNS.

If you are in an irregular situation, you can only access private healthcare.



I AM A FOREIGN RESIDENT IN PORTUGAL. WHAT SHOULD I DO?

I HAVE A USER CARD AND FAMILY DOCTOR

Request an appointment at your health center. This could be a Family Planning consultation – Voluntary Termination of Pregnancy or a consultation with your family doctor.

I HAVE A USER CARD, BUT I DON'T HAVE A FAMILY DOCTOR

Request a Family Planning - Voluntary Termination of Pregnancy consultation at your health center.

I DON'T HAVE A USER CARD, BUT I HAVE A REGULARIZED SITUATION

Register at the Health Center in your area of residence. If you are assigned a family doctor, make an appointment; If you are not assigned a family doctor, make an appointment for Family Planning - Voluntary Termination of Pregnancy.

I DON'T HAVE A USER CARD, I'M IN AN IRREGULAR SITUATION, BUT I LIVE IN PORTUGAL FOR MORE THAN 90 DAYS

Go to a Health Center and ask for a Family Planning - Voluntary Termination of Pregnancy consultation or go directly to a hospital with Gynecology and Obstetrics services. Bring a document issued by the Parish Council (Junta de Freguesia) that certifies that you have lived in Portugal for more than 90 days. With this document, you are temporarily registered in the RNU (National User Register) and you do not have to pay. However, if the residence permit is not presented after 90 days, the registration becomes inactive and you will be charged fees.

I DON'T HAVE A USER CARD, I AM IN AN IRREGULAR SITUATION AND HAVE LIVED IN PORTUGAL FOR LESS THAN 90 DAYS

You are protected by law and have the right to use the SNS. However, you will pay all costs associated with healthcare services.

- The costs can be borne by insurance or by the countries of origin, if they have agreements with Portugal (Andorra, Brazil, Cape Verde, Québec, Morocco and Tunisia).

It is not protected by law. The recent legal amendment now prevents immigrants in an irregular situation from accessing the national health service (SNS).

I DON'T SPEAK PORTUGUESE. WHAT SHOULD I DO?

If you don't speak or understand Portuguese, ask someone you trust for help - Portuguese law allows a second person to accompany you - or contact an association or support network that can help you. If you do not have this possibility, you can request the presence of a translator. Portugal offers a Telephone Translation Service, which can be contacted by phone to the number: 21 711 500 or by email at stt@aima.gov.pt.

DON'T FORGET YOUR PASSPORT!

As a migrant, your passport is your identification document par excellence. If you already have a residence permit, bring your international travel document, as well as your NIF (Tax Identification Number) and NISS (Social Security Identification Number) and NUS (Health User Number). If you took a pregnancy test, also take it with you to your first appointment.

STOP DISCRIMINATION!

Healthcare professionals have the duty to ensure and uphold a set of conditions in the provision of healthcare, particularly in sexual and reproductive health.

Before, during, and after the abortion procedure, they must respect and guarantee for all individuals, regardless of their ethnicity, country of origin, or sexual orientation: dignified treatment; privacy; confidentiality; non-discrimination; respect for the decision of the pregnant individual; and access to comprehensive, adequate, and reliable information.

If your rights are not being guaranteed, report it through these channels:

- Commission for Equality and Against Racial Discrimination (CICDR): cicdr@acm.gov.pt;
- Health Regulatory Entity (ERS): 309 309 309;
- Complaints Book (electronic or physical).

Other useful channels for support and accompaniment:

- Escolha Association: associacaoescolha@gmail.com or by phone at 913 161 309;
- OVO Portugal (reports/testimonies): violenciaobstetricapt@gmail.com;
- Telephone Translation Service: 21 711 500 or stt@aima.gov.pt.



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First step

Contact the health center and schedule an appointment with your family doctor; if you don't have a family doctor assigned, you should request a family planning consultation, specifying that it is for a voluntary pregnancy termination (IVG), and inform your doctor of your decision.

- Consult the official or officially recognized healthcare facilities in your region and make an appointment (you can check here: www.sns24.gov.pt/tema/saude-da-mulher/interruptao-voluntaria-da-gravidez/); or,
- Call SNS24 (free hotline) and ask for information: 808242424.

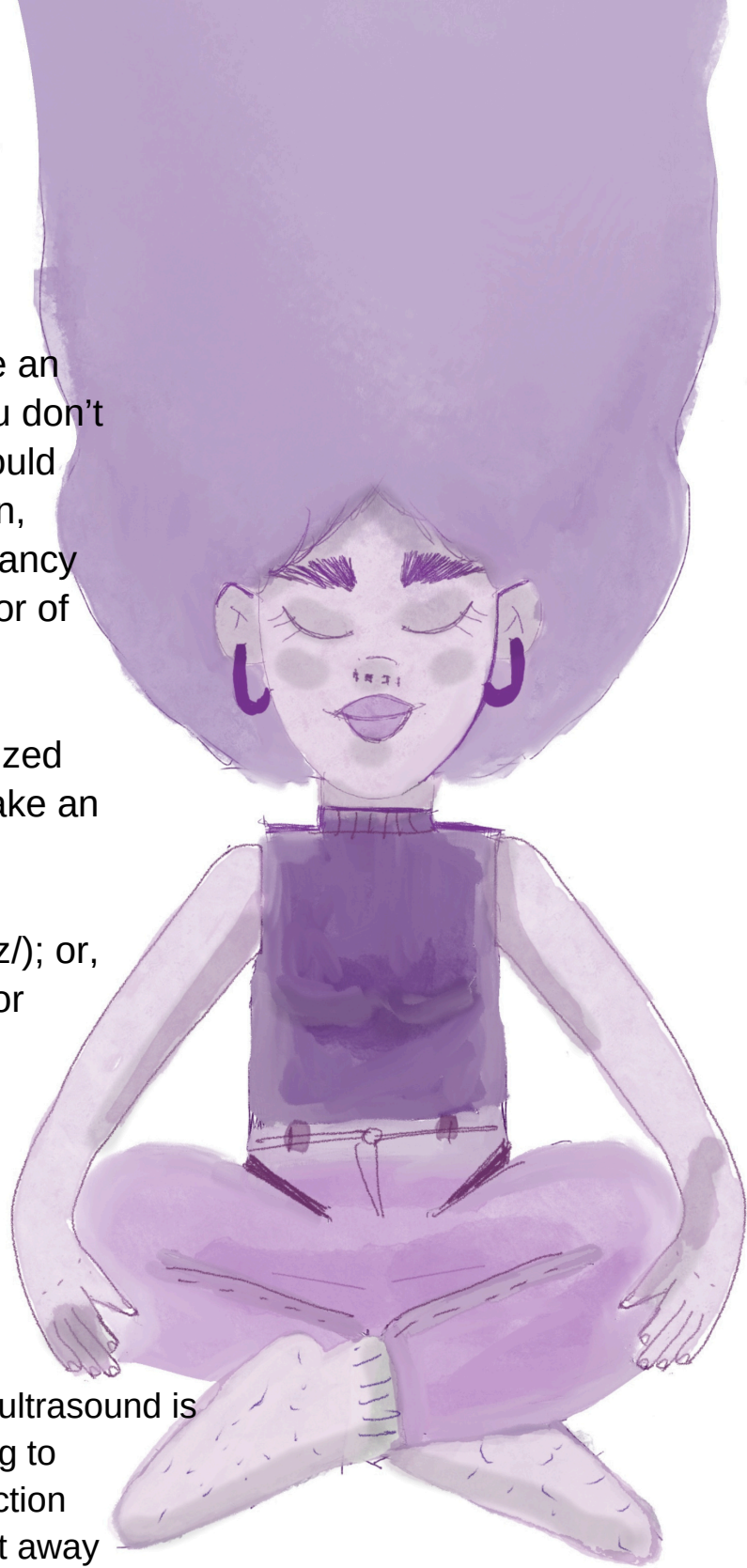
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Second step

Prior consultation: this is the first consultation and it is during this that the entire VTP process must be explained. An ultrasound is performed to date the pregnancy. According to Portuguese law, there is a mandatory reflection period of at least three days that starts right away after your prior consultation. If you request a VTP, the law provides that you can receive psychological or social support. You can request it if you need it.

- Make sure that the healthcare professional is not a conscientious objector and that your right to access the procedure will not be boycotted.
- The health professional is obliged, by law, to inform whether he/she is a conscientious objector. If so, they must immediately indicate another technician and/or other services that you can use.

If you have questions, ask.



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Third step

Second consultation: carrying out the VTP, which can be with medication (drug method) or surgery (aspiration). Both methods are safe and effective.

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Fourth step

Third consultation: approximately 15 days after carrying out the VTP, a new family planning consultation takes place (you need to request it) with the aim of checking whether the process went well, being evaluated using an ultrasound.

Don't forget to ask for contraception!



La Grupa
Argentina no se vende
A Coletiva

February 2025,
Portugal

ARGENTINA
NO SE VENDE
ASAMBLEA PORTUGAL

