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SHORT COMMUNICATION

Implementation and Challenges of Law 27.610: Reproductive Health and Nursing Perspective in Argentina

Implementación y Desafíos de la Ley 27.610: Perspectiva en Salud Reproductiva y Enfermería en Argentina

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ABSTRACT

Law 27,610 on Access to the Voluntary Interruption of Pregnancy (IVE) was enacted in Argentina in December 2020, representing a significant advance in reproductive rights. This regulation guaranteed the right of women and pregnant women to terminate their pregnancies up to 14 weeks of gestation in safe and free conditions. Its implementation was managed by the Directorate of Sexual and Reproductive Health, which developed protocols to ensure equitable and respectful access to the procedure.

Health personnel, especially nurses, played a key role in the care of patients, getting involved in tasks such as clinical monitoring, medication administration and emotional support. However, Conscientious Objection (CO) posed ethical challenges, since, in some cases, it was used to hinder access to legal abortion, generating tensions between the rights of professionals and patients.

Prior to the enactment of the law, clandestine abortions and associated complications represented one of the main causes of maternal mortality. The implementation of Law 27,610 sought to reverse this situation, reducing inequalities in access to reproductive health. However, cultural resistance, structural barriers and the need for more training of health personnel were highlighted as pending challenges to ensure the effectiveness of the law.

Keywords: legal abortion; reproductive rights; public health; conscientious objection; nursing.

RESUMEN

La Ley 27.610 de Acceso a la Interrupción Voluntaria del Embarazo (IVE) fue sancionada en Argentina en diciembre de 2020, representando un avance significativo en los derechos reproductivos. Esta

normativa garantizó el derecho de las mujeres y personas gestantes a interrumpir su embarazo hasta la semana 14 de gestación en condiciones seguras y gratuitas. Su implementación fue gestionada por la Dirección de Salud Sexual y Reproductiva, que desarrolló protocolos para asegurar el acceso equitativo y respetuoso al procedimiento.

El personal de salud, especialmente de enfermería, desempeñó un rol clave en la atención de las pacientes, involucrándose en tareas como el monitoreo clínico, la administración de medicamentos y el acompañamiento emocional. Sin embargo, la Objeción de Conciencia (OC) planteó desafíos éticos, ya que, en algunos casos, fue utilizada para obstaculizar el acceso al aborto legal, generando tensiones entre los derechos de los profesionales y las pacientes.

Antes de la sanción de la ley, los abortos clandestinos y las complicaciones asociadas representaron una de las principales causas de mortalidad materna. La implementación de la Ley 27.610 buscó revertir esta situación, reduciendo las desigualdades en el acceso a la salud reproductiva. No obstante, la resistencia cultural, las barreras estructurales y la necesidad de mayor capacitación en el personal de salud se destacaron como retos pendientes para garantizar la efectividad de la ley.

Palabras clave: aborto legal; derechos reproductivos; salud pública; objeción de conciencia; enfermería.

Law 27.610 on Access to Voluntary Interruption of Pregnancy (VIP), passed in December 2020 and brought into force in January 2021, marked a before and after in Argentina's reproductive rights history. This legislative advance, which establishes the right of women and pregnant persons to voluntarily terminate their pregnancy up to the 14th week of gestation, represents an explicit recognition of their bodily autonomy and their decision-making capacity on an issue as intimate as it is crucial for their physical, psychological and social well-being. However, implementing this law has also generated intense ethical, social, and legal debates and significant challenges in its practical application within the health system. In this context, the role of health personnel, especially nurses, has become a central issue in guaranteeing that this right is exercised in safe and respectful conditions.

The enactment of this legislation was not an isolated event but the result of years of struggle by feminist movements and social organizations calling for the legalization of abortion as a fundamental human right. Prior to the enactment of Law 27,610, abortion in Argentina was permitted only in cases of rape or when there was a serious risk to the life or health of the woman, according to Article 86 of the Penal Code of 1921. However, these legal provisions were applied unequally in the different provinces, leaving many pregnant people without actual access to a safe procedure. The new law establishes a uniform legal framework that seeks to guarantee equal access to this right, eliminating the geographical, economic, and social barriers that historically limited sexual and reproductive health care.

The National Program for Sexual Health and Responsible Procreation, through the Directorate of Sexual and Reproductive Health, has been key to implementing this regulation. This body has developed protocols and guidelines for comprehensive care that guide health teams in the care of people seeking to terminate their pregnancy voluntarily. These protocols not only include the medical and technical indications for performing the procedure but also emphasize a human rights approach and the importance of respecting the autonomy and dignity of patients. In addition, the use of safe methods, such as medical abortion with mifepristone and misoprostol, which are practical and less invasive than surgical interventions, is promoted.

Despite these advances, the law's implementation faces numerous challenges, with conscientious objection (CO) being one of the most controversial issues. CO is the right of healthcare professionals not to participate in procedures that contradict their ethical, moral, or religious convictions. Although the law recognizes this right, it establishes that objectors cannot obstruct patients' access to abortion services. This implies that, in the event of invoking CO, the professional must refer the patient to another colleague or institution that can guarantee the procedure. However, in practice, CO has generated tensions and, in some cases, has been used as a tool to delay or deny access to legal abortion.

The debate on CO is part of a broader context of tensions between individual and collective rights. On the one hand, health personnel have the right to act according to their personal beliefs; on the other hand, patients have the right to access health services that the law recognizes as fundamental. In this sense, the balance between both rights is one of the main concerns of the implementation of Law 27.610, especially in provinces and localities where conscientious objection is massively invoked, leaving patients without real options to access voluntary termination of pregnancy.

Nursing staff occupy a central place in this panorama. Although they are not directly responsible for performing the procedure, their role in the comprehensive care of patients is crucial. From admission to post-procedure monitoring, nurses are the first point of contact and constant support for pregnant people going through this process. Their work includes measuring vital signs, administering medication as directed by doctors, and providing emotional support to patients during physically and emotionally challenging times.

In addition, nursing staff face particular ethical dilemmas about abortion. On the one hand, they must act professionally and respectfully, ensuring patients receive quality care. On the other hand, they may experience internal conflicts if their personal beliefs oppose the procedure. These dilemmas are exacerbated in contexts where conscientious objection is not regulated or is interpreted extensively, leaving nursing staff in an ambiguous and often vulnerable position. In this sense, training and awareness-raising on voluntary termination of pregnancy and reproductive rights are fundamental tools for empowering nursing professionals and helping them navigate these ethical and professional challenges.

Furthermore, Law 27.610 has implications not only for clinical practice but also for public health. The statistics prior to its enactment reflected an alarming picture. According to data from the Directorate of Health Statistics and Information (DEIS), in 2015, there were more than 45,000 hospital discharges due to abortion-related complications. These figures underestimate the absolute magnitude of the problem, as they do not include clandestine abortions that take place outside the formal health system. Unequal access to safe procedures has been one of the leading causes of maternal mortality in Argentina, disproportionately affecting women and pregnant people in situations of socioeconomic vulnerability.

With the legalization of abortion, it is hoped that these figures will be significantly reduced by offering safe and accessible procedures within the health system. However, this requires overcoming structural barriers, such as the lack of resources in public institutions, regional inequalities in the provision of services, and cultural and religious resistance in some communities. In this sense, education and the promotion of sexual and reproductive health are fundamental pillars to guarantee that Law 27,610 fulfills its objective of protecting the life and health of pregnant people.

The role of health personnel, particularly nurses, transcends the clinical sphere. Their role in health promotion includes educating patients about contraceptive methods, providing clear information about their reproductive rights, and fostering an environment of trust and respect that allows pregnant people

to make informed decisions about their health. Nursing, as a discipline that combines technical knowledge with a human approach, has the potential to be an agent of change in the fight for health equity.

Furthermore, the effective implementation of Law 27.610 requires investment in the continuous training of health personnel. This includes not only technical training on abortion procedures but also education in human rights, effective communication, and ethical conflict management. Training programs must address the specific needs of nursing staff, recognizing their fundamental role in the comprehensive care of patients.

From a social and cultural perspective, the legalization of abortion also poses significant challenges. With its deep religious and ethical roots, Argentina's cultural diversity has generated various responses to Law 27.610. In some communities, abortion is still a taboo subject, making it difficult for pregnant people to access health services. In this context, community awareness and education campaigns are essential to dispel myths and prejudices surrounding abortion and to promote an open and respectful dialogue about reproductive health.

In conclusion, the approval of Law 27,610 represents a historic advance in protecting reproductive rights in Argentina. However, its practical implementation requires facing ethical, legal, and structural challenges that involve the entire health system. As key actors in the comprehensive care of patients, nurses have a crucial role in guaranteeing that this right is exercised safely and respectfully. Training, awareness-raising, and a commitment to health promotion are fundamental tools for overcoming existing barriers and building a more equitable and inclusive health system. Ultimately, the success of this law will depend on the capacity of the health system to adapt to the population's needs, balancing individual and collective rights within a framework of respect and equity. The active participation of all stakeholders, including nursing professionals, will be key to moving towards a society where reproductive health is a guaranteed right for all.

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