COMPREHENSIVE ABORTION CARE

Health care providers provide a variety of individualized, culturally sensitive abortion-related care services for women who require or are experiencing pregnancy termination or loss (2019:16). During and after abortion, care and support (both medical and psychological) are required. Health care providers should confirm pregnancy and determine gestational age. Counsel the woman on the decision to continue or terminate the pregnancy. If termination is decided, the client should be counselled on options of safe termination (Manual vacuum aspiration and Medical abortion) (ICM 2019:16).

Classification of abortion

There are different ways of classifying abortion

Based on gestational age

- First trimester abortion (is less than 12 weeks of gestation).
- Second trimester abortion (is greater than 12 weeks up to 28 weeks of gestation).

Based on care related to the termination of pregnancy

- Safe abortion care is termination of pregnancy that is provided to clients recognized health facility, trained providers and standard medical equipment and supplies in accordance with the law.
- Post-abortion care is a comprehensive service given to clients who present to a health care facility after an abortion has occurred spontaneously or as a result of an attempted termination.

Legal provisions for safe abortion care. Article 551 of the penal code

Technical and procedural guidelines of article 551 of Ethiopia's penal code allows for pregnancy termination under the following conditions (FMoH 2014b: 11-14):

(1) A recognized medical institution within the period permitted by the profession is not punishable where:

- A pregnancy is a result of rape or incest.
- The continuation of the pregnancy endangers the life/health of the mother or the child.

- The fetus has an incurable and serious deformity.
- The pregnant woman has a physical or mental deficiency or her minority is physically as well as mentally unfit to bring up the child.

(1) In case of grave and imminent danger, which can be averted by an immediate intervention, an act of terminating pregnancy in accordance with the provision of Article 75 of this code is not punishable.

Timing and place for terminating a pregnancy

In accordance with Article 551,

- All public and private health centres/Medium clinics can perform abortions on women who are less than 12 weeks pregnant.

- Primary, general, and specialized hospitals, as well as MCH specialized centres, can perform abortions on women between 13- and 24-weeks pregnancy.

- Article 551 allows for the termination of

pregnancy between the ages of 24 and 28 weeks with specialized hospital care.

In accordance with Article 551, sub-article 1-A, where the pregnancy is the result of rape or incest pregnancy termination shall be carried out based on the disclosure by the girl/woman, noted in the medical record.

Clinical interview and examination

Health care providers should identify, inform, educate, and enable adolescent clients seeking safe abortion services. Then conducting a clinical interview and examination with an adolescent client, ensures privacy (for both visual and audio) and confidentiality, and begins the interview with the least sensitive and threatening issues.

Rather than directly asking about their own activities, inquire about those of their peers and friends. If someone accompanies the clients, ask the client whether the accompanist should be present with him/her during clinical examination or not (WHO 2018b: 40).

Abortion care services

Women centred Abortion care services for girls/young women have three key elements: choice, access and quality (FMoH 2014b: 9).

Abortion care services include providing information on safe abortion procedures (options), legal requirements, pre-and post-abortion counselling and services, and post abortion contraceptive options.

Counselling

The health care providers should identify and remove barriers to adolescent girls' having access to safe abortion services (WHO 2011b: 7). Adolescents who become pregnant unintentionally may feel embarrassed or ashamed. Health care providers can help to reduce the stigma by treating adolescent clients with dignity and compassion. Provide information about the implications of each treatment option and assist them in choosing the one that is best suited to their needs (WHO 2018b: 40).

The information and counselling to be provided to girls/women should include: (FMoH, 2014b: 15)

- What will be done during and after the procedure
- Advantage and disadvantage of safe termination options,
- Risks associated with the methods of termination of pregnancy both short- and long- term.
- Resumption of menses
- Follow-up care.

Procedures to be performed during abortion care

- Confirm a pregnancy and gestational age; refer for an ultrasound if unknown gestation and/or symptoms of ectopic pregnancy.

- Provide information on legal requirements, eligibility, and access to abortion services. Determine contraindications to medication or aspiration methods based on obstetric, medical, and social history.
- Provide options for continuing or terminating the pregnancy, and respect the client’s ultimate decision.

- Provide information on abortion procedures, potential complications, pain management, and when to seek help.
- Provide abortion care and post-abortion care services. Confirm expulsion of products of conception from history, ultrasound, or levels of HCG.

- Review options for contraception and initiate immediate use of the desired method
- Explore psychological response to abortion.

Informed decision making

All women undergoing pregnancy termination should sign a written consent to the procedure after receiving counselling. The health care institution and the health worker that provide the services have an ethical obligation not to disclose the information provided by the client unless permitted by her or ordered by a court of law.

Pain control in a safe abortion setting

Explain pain management options to the client. These options include:

- Non pharmacologic methods,
- Pharmacologic methods (non-steroidal anti-inflammatory drugs, anxiolytics and anesthetics)

Abortion services by level of care

All health institutions should provide termination of pregnancy by providing recommended methods depending on the gestational age. While organizing abortion care services; program planners and facility managers should ensure emergency abortion services/ lifesaving procedures on a 24/7days

basis.

Medical abortion

The use of drugs to end a pregnancy is known as medical abortion. Mifepristone, followed by misoprostol, are the recommended methods for medical abortion (WHO 2018b: 24).

Dosages and routes of administration

Mifepristone should always be taken orally. The recommended dose is 200 mg. Misoprostol should be taken 1 to 2 days after taking mifepristone. Misoprostol 800 µg is the recommended dose for vaginal, buccal, or sublingual administration. Misoprostol 400 µg is the recommended dose for oral administration (WHO 2018b: 24).

Induced abortion at <12 weeks

For medical management of induced abortion at <12 weeks of gestation the use of 200 mg mifepristone administered orally, followed 1–2 days later by 800 µg misoprostol administered vaginally, sublingually or buccally is recommended. The minimum recommended interval between the use of mifepristone and misoprostol is 24 hours. For the misoprostol-only regimen, the use of 800-µg misoprostol administered vaginally, sublingually or buccally is recommended (WHO 2018:24).

Induced abortion at ≥ 12 weeks

For medical management of induced abortion at ≥12 weeks of gestation the use of 200 µg mifepristone administered orally, followed 1–2 days later by repeat doses of 400 µg

misoprostol administered vaginally, sublingually or buccally every 3 hours is recommended. The minimum recommended interval between the use of mifepristone and misoprostol is 24 hours. For the

misoprostol-only regimen repeated doses of 400-µg misoprostol administered vaginally, sublingually or buccally every 3 hours is recommended (WHO 2018:25).

Post-abortion contraception

Clients can begin hormonal contraception at the time of surgical abortion or as early as the first pill of a medical abortion regimen (WHO 2018b: 32).

When it is reasonably certain that the client is no longer pregnant after a medical abortion, an intrauterine device (IUD) placement is recommended (WHO 2018b: 33).

Follow-up

A routine follow-up visit after an uncomplicated surgical abortion or medical abortion with mifepristone followed by misoprostol is not medically necessary. Clients should be informed, however, that additional services are available to them if needed or desired (WHO 2018b: 33).

Incomplete abortion

- For clients with incomplete abortion, either vacuum aspiration or misoprostol treatment is recommended if uterine size at the time of treatment is 13 weeks or more.

The use of 600-µg misoprostol administered

orally or 400-µg misoprostol administered sublingually is recommended for the treatment of incomplete abortion at 13 weeks uterine size.

Intrauterine fetal demise

- For medical management of intrauterine fetal demise at ≥ 14 to ≤ 28 weeks of gestation, the use of 200 mg mifepristone administered orally, followed 1–2 days later by repeat doses of 400 µg misoprostol administered sublingually or vaginally every 4–6 hours are recommended. The minimum

recommended interval between the use of mifepristone and misoprostol is 24 hours.

- For the misoprostol-only regimen, the use of repeated doses of 400µg misoprostol administered sublingually every 4–6 hours are recommended.

- Where sublingual misoprostol is not used, the use of repeated doses of 400µg misoprostol administered vaginally every 4–6 hours is recommended.

Contraindications of medication abortion

Before administration of either drug clinical conditions and contraindications should be ruled out History of allergy to prostaglandins, including misoprostol.

Surgical abortion

According to the WHO (2015c: 2), the recommended method for surgical abortion is vacuum aspiration. Manual or electrical vacuum aspiration is the preferred surgical method for terminating a pregnancy.

Manual vacuum aspiration is a procedure used to evacuate the uterus using plastic materials such as a cannula and an aspirator

(WHO 2015c: 40).

- Midlevel health providers like midwives can do it in all facilities.
- The procedure is done at the OPD level.
- It is done up to 12 weeks gestational age.

Essential basic supplies for surgical abortion

Surgical abortions necessitate the use of basic supplies. Supplies, instruments, and equipment are required in health care facilities. Ethiopian technical and procedural guidelines of abortion care are described in the FMoH (2014b: 10-29).

Procedure

- Ensure that an assistant is present.

- Communicate with and reassure the client.
- Administer prophylactic antibiotics.
- Perform procedure and observe steps to ensure that conceptus tissue is evacuated completely.
- Inspect the evacuated tissue for floating villi.

Post-procedure

- Follow stability of vital signs; perform an abdominal and pelvic examination.
- Give discharge instructions and post-procedure counselling, as appropriate.
- Provide the chosen method of contraception immediately after abortion.
- Sexually transmitted disease screening and sexual health counselling should be done.
- Give follow-up appointments 7-10 days' post-procedure.

Subsequent management. Providing post-abortion contraceptive

- Establish rapport and assess the client's needs.
- Ask if the client desires to delay or prevent future pregnancy.
- Explain characteristics of available methods.
- Help the client choose the method of contraception: Screen for any precautions for using a particular contraceptive method.

Timing of post-abortion contraception

All modern contraception methods can be used immediately after a safe induced abortion or uncomplicated post-abortion care services.

Elements of post-abortion care

Post-abortion care has five essential elements:

- **Community-service provider partnership** involving the local community and actors and includes resource mobilization, social and economic issues at the community level.

- **Counselling** where clients are provided with accurate and complete information on RH issues including FP, VCT, gender-based violence and other concerns and queries.

- **Emergency treatment** of incomplete abortions and the complications

- **Family Planning services** including informed choice as well as post abortion contraceptive services provision.

- **Linkage** with other SRH services and screening of reproductive tract cancers.

Recognizing and referring complications

Recognize and accept the need for

intervention if complications arise. Women may be referred to a specialist to manage complications (FMoH 2014b: 24).