

Provider Quick Checklist for Postabortion Care Services



Pre-Procedure:

- Welcome the client, make her comfortable
- Assess client to ensure:
 - vital signs do not indicate shock
 - vaginal bleeding is not excessive
 - no abdominal injury is present
- If needed, make arrangements for doctor availability for procedure or refer to higher level facility
- Ensure privacy and confidentiality
- If client consents, involve husband/support person in all counseling
- Ask/Observe/Examine
- Describe procedure
- Obtain informed consent for procedure and pain management
- Ensure patient gets adequate pain medication
 - IM – 30 minutes before procedure
 - By mouth –30 to 60 minutes before procedure
- Ensure that all equipment is ready
- If the patient's condition is stable and time permits, do counseling on FP methods and have patient decide which FP method to use, particularly important if patient desires IUD





| Signs of Shock | Signs of Infection | Signs of Abdominal Injury |
|---|---|---|
| <ul style="list-style-type: none">• Skin cool and clammy• Systolic BP < 90/60• Pulse \geq 110 and weak• RR > 30 <p><i>* If in shock, consider ruptured ectopic pregnancy, NO FLUIDS BY MOUTH, begin IV fluids and infuse IV fluids.</i></p> | <ul style="list-style-type: none">• Temp \geq 38⁰ C• Foul smelling vaginal discharge• Lower abdominal pain (tender uterus)• Rebound tenderness• Prolonged bleeding• Purulent cervical discharge• Cervical motion tenderness <p><i>* If septic, begin antibiotics as soon as possible before uterine evacuation.</i></p> | <ul style="list-style-type: none">• Nausea, vomiting, fever,• Abdominal or shoulder pain• Prolonged bleeding• Distended abdomen, absent bowel sounds• Rebound tenderness <p><i>* If abdominal injury suspected, stabilize and transfer to higher level of care.</i></p> |

During Procedure

- Ensure privacy
- Have assistant monitor vital signs and provide verbal support
- Monitor client closely for pain, use additional pain medication if needed and it is safe for the patient
- Reassure patient during the procedure
- Follow all infection prevention procedures
- Inspect tissue to ensure that procedure is complete



Post Procedure

- Observe client for 1 to 2 hours; check vital signs and vaginal bleeding every 30 minutes
- Provide pain medication if cramping present
- Continue to ensure privacy and confidentiality
- If patient agrees, include husband/family member/friend when giving instructions/counseling including:
 - Rest
 - Nothing in vagina and no sex until vaginal bleeding has ended x 2 days
 - Take and complete medicines given by provider
 - Watch for warning signs that indicate the need for medical attention:
 - o Severe abdominal pain
 - o Fever
 - o Bleeding heavier than a normal period
 - o Foul odor from vagina
 - o Bleeding that lasts more than two weeks

- Tell patient to avoid becoming pregnant for six months. This provides her body a rest and helps in promoting a healthier next pregnancy
- Do family planning counseling and help her select a FP method before discharge if she desires a method. **Remember that postabortion care has not been completed until FP counseling and an opportunity to choose a FP method has been provided!**
- Discharge client after 1 to 2 hours if she is comfortable, stable, able to walk without assistance
- If FP method not selected, schedule return visit for FP method in two weeks; provide condoms to use until patient decides on a FP method
- Tell patient, as needed, about need for:
 - Malaria prophylaxis
 - Tetanus prophylaxis
 - HIV counseling and testing
 - STI evaluation
- Record all findings in client record, complete PAC register.



| Contraceptive Method | When to Start |
|--|--|
| <ul style="list-style-type: none">• Oral Contraceptives (combined or progestin-only),• Combined patch• Condoms (male or female)• Withdrawal• Vasectomy | Immediately, even if injury to genital tract or possible or confirmed infection |
| <ul style="list-style-type: none">• IUD• Female Sterilization• Fertility Awareness Methods | If infection present, once infection is ruled out or resolved |
| <ul style="list-style-type: none">• IUD• Combined vaginal ring• Spermicides• Diaphragms, cervical caps• Female Sterilization | Once injury to genital tract has healed |
| <ul style="list-style-type: none">• Combined vaginal ring• Spermicides• Diaphragms,• Cervical caps | In cases of uncomplicated uterine perforation |
| <ul style="list-style-type: none">• Fertility awareness methods | Should be delayed until there are no noticeable secretions or bleeding related to injury or perforation. Calendar-based methods should be delayed until at least one monthly bleeding after all such secretions or bleeding has stopped. |