



# Postabortion Care Service Delivery Guidelines

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## Function

Service delivery guidelines should be developed to reflect national policies and standards. They contain the detailed technical information that health care providers will need to implement the national policy guidelines as they provide patient care.

## Criteria Used in the Review of Service Delivery Guidelines

- Identify equipment, drugs, and supplies for provision of PAC services by the type of health care facility.
- Provide steps for the performance of PAC including referral and documentation of services.
- Provide the complete range of management options for incomplete abortion (expectant, medical, and surgical).
- Provide steps for all approved methods of uterine evacuation available, e.g., manual, pedal, electric pump, dilatation and curettage.
- Articulate postabortion counseling content to include risk assessment for future fertility desires, HIV and STI, anemia, and malaria.
- Provide steps for the management of complications related to incomplete abortion.
- Provide steps for facilitating community-provider partnership and community action (e.g., recognition of complications, first aid, transport, funding schemes).
- Provide instructions for maintaining equipment, drugs, and supplies for PAC service delivery.
- Provide instruction for infection prevention practices for delivery of safe PAC services.
- Provide guidance for management, logistics, and supervision, including performance assessment tools.
- Provide monitoring and evaluation indicators, guidance for completing recordkeeping forms; guidance for what data is appropriate for various audiences (e.g., policy personnel, provider, and supervisors), and guidance for the use of service delivery data for decision-making.

## Note:

The PAC model now includes STI evaluation and HIV counseling and/or referral for counseling and testing dependent upon country prevalence and available resources (human and financial). Should your country decide to include STI and HIV services, then the service delivery guidelines must include the prevention and management of STI, HIV, and AIDS for clients receiving care. Service delivery guidelines should be consistent with the facility's capacity and available referral options for STI evaluation and treatment and HIV counseling and testing.

## HOW TO USE THE RESOURCE GUIDE FOR WRITING OR REVISING SERVICE DELIVERY GUIDELINES

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1. Review the recommendations for Service Delivery Guidelines.
2. Compare the content of your service delivery guidelines to the items that are checked in the Service Delivery Guidelines criteria box.
3. Use the PAC Service Delivery Guidelines Assessment Tool to review your current service delivery guidelines to evaluate strengths and identify gaps.

### **If Service Delivery Guidelines need to be developed, are incomplete, or need to be updated:**

1. Review the samples of recommended service delivery guideline documents in the PAC Global Resources Guide. This will provide you with ideas for discussion with clinic personnel, training and supervisory personnel including staff from referral facilities.
2. Formulate a team to adapt sample service delivery guidelines that are relevant to your geographic and medical system setting.
3. Check the research findings in the “What Works” research compendium to ensure that current evidence based practices are incorporated. Eliminate unnecessary or harmful practices to the client; and include husbands/partners of postabortion care clients.
4. Draft or adapt the missing service delivery guidelines and follow your setting’s procedure for incorporating additions, dissemination, and implementation changes.

## PAC SERVICE DELIVERY GUIDELINES ASSESSMENT TOOL

### Instructions:

- Persons working to develop or update service delivery guidelines should include representatives from central-level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors. Representatives from housekeeping, pharmacy, central supplies, and departments to which clients may be referred should also be involved.
  
- Review current guidelines for reproductive health and/or emergency obstetrical care service delivery and answer the questions below. For each “no” answer, the members of the working group will need to discuss, adapt their own guidelines based on the recommended samples, or draft guidelines based on evidence and country setting.

<i>Do the PAC Service Delivery Guidelines:</i>	YES	NO
<p><b>1.</b> Identify the cadre of health personnel and their specific tasks for the provision of PAC service within the 3 components?</p> <ul style="list-style-type: none"> <li><b>a.</b> Emergency Treatment</li> <li><b>b.</b> Family Planning Counseling and Service Delivery (if countries plan to provide STI evaluation and HIV counseling and/or referral for testing, this also needs to be included)</li> <li><b>c.</b> Community empowerment through community awareness and mobilization</li> </ul>		
<p><b>2.</b> Articulate the standard for services?</p> <ul style="list-style-type: none"> <li>● Provide steps for the performance of PAC related procedures to the approved standard?</li> <li>● Initial assessment</li> <li>● Client-Provider Interaction and counseling</li> <li>● Stabilization, management, or transfer of the client</li> <li>● Preparation of the client for management of presenting signs and symptoms, including administration of analgesia and/or anxiolytics and emotional support</li> <li>● Performance of uterine evacuation</li> <li>● Post-procedure monitoring</li> <li>● Postabortion contraceptive counseling and method provision</li> <li>● Postabortion referral, when indicated</li> <li>● Infection prevention practices</li> <li>● Documentation of service provided</li> </ul> <p><i>(continued)</i></p>		

<b>Do the PAC Service Delivery Guidelines:</b>	<b>YES</b>	<b>NO</b>
<p><b>3.</b> Provide steps for the management of complications related to incomplete abortion?</p> <ul style="list-style-type: none"> <li>● Severe bleeding</li> <li>● Sepsis</li> <li>● Shock</li> <li>● Uterine perforation</li> <li>● Air embolism</li> <li>● Postabortion syndrome</li> <li>● Fainting</li> <li>● Ectopic pregnancy</li> <li>● MVA technical difficulties</li> </ul>		
<p><b>4.</b> Provide standards for management and supervision of PAC services?</p> <ul style="list-style-type: none"> <li>● Staff performance standards</li> <li>● Equipment and supplies standards</li> <li>● Essential drug standards</li> <li>● PAC procedural standards, including client transfer to higher level facility</li> <li>● Infection prevention standards</li> <li>● Standards for referral mechanism to RH and/or other health services</li> <li>● Standards for client flow and space layout</li> </ul>		

## STRONG EVIDENCE FOR PAC SERVICE DELIVERY GUIDELINES

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- Vacuum aspiration (electric, footpump, manual vacuum aspiration) is as effective as sharp curettage for the treatment of incomplete abortion. Vacuum aspiration is associated with less bleeding than sharp curettage.
- Use of misoprostol to evacuate the uterus after early pregnancy failure:
  - ▶ Can completely evacuate the uterus 50 to 96 percent of the time if given orally or vaginally and is more effective than expectant management in reducing the need for surgical intervention.
  - ▶ Can be administered orally, sublingually, or vaginally with good results; however optimal dose/route combinations have not been firmly established.
  - ▶ Side effects of misoprostol include chills, fever, nausea, vomiting, diarrhea and headache, but are generally mild and self-limiting.
  - ▶ Women with first trimester pregnancy failure experience slightly more blood loss compared to women treated with surgical evacuation, but the difference is not clinically significant.

### Pain Management

- Women require pain management for emergency treatment with sharp curettage and VA.
- There is conflicting evidence on the effectiveness of paracervical block using 1% lidocaine on pain reduction.
- Neither the paracervical block technique nor psychological support alone is sufficient in pain management for PAC patients undergoing MVA.
- The use of systemic analgesia with sharp curettage for incomplete abortions with dilated cervix up to 14 weeks is safe and effective, has a smaller chance of requiring a blood transfusion, and does not require the use of the operating theater.
- The use of general anesthesia with suction curettage is associated with increased risks of blood loss, cervical injury, uterine perforation, and subsequent abdominal hemorrhage.
- Use of dedicated FP nurse/counselors as compared to FP referrals for contraceptives can increase immediate contraceptive acceptance for PAC patients.
- PAC delivery models that offer FP counseling and methods at the same location where the woman receives emergency treatment can increase the proportion of women leaving with a contraceptive method; and result in fewer unplanned pregnancies, and a reduction of repeat abortions one year later.
- Women who experience either induced or spontaneous abortion and desire another pregnancy should wait at least six month before becoming pregnant again to reduce the incidence of maternal anemia, premature rupture of membranes, low birth weight, and preterm delivery in the next pregnancy.
- Use of IUDs in the immediate postabortion period is safe.

### Male Involvement with Counseling and Family Planning Service Delivery

- Hospital policies that ban men from obstetrical and gynecology wards make it difficult for male involvement and discourage male participation.
- Many women want their husbands/partners present for counseling, to be informed about their conditions, treatment they are receiving, follow-up care, and family planning methods they intend to use.
- Many male partners want more information about their partners' conditions during PAC and more information on family planning.
- Counseling husbands of PAC patients separately on follow-up care, return to fertility, and family planning can increase family planning usage and physical, material, and emotional support for PAC patients during recovery.

### Reducing the Incidence of Spontaneous Abortions

- Women are at an increased risk for spontaneous miscarriage if they:
  - ▶ Experience physical violence during pregnancy
  - ▶ Are HIV positive
  - ▶ Have malaria during pregnancy
  - ▶ Smoke cigarettes or are exposed to smoke during pregnancy
  - ▶ Drink high levels of caffeine during pregnancy
  - ▶ Have bacterial vaginosis
  - ▶ Are exposed to environmental contamination including pesticides and fungicides

### Abuse and Psychological Sequelae

- Women may report suffering negative psychological effects after a spontaneous or induced abortion.
- Between 27 and 39 percent of women seeking abortion have been victims of abuse sometime during their lifetime.

## RECOMMENDED SERVICE DELIVERY GUIDELINES

**Document Name:** Clinical Management of Abortion Complications: A Practical Guide

**Source:** WHO

**Date:** 1994

**Summary:** This manual is intended to assist health workers in preventing death and serious injury from abortion complications. It outlines the full range of steps in addressing life-threatening complications. It is essential to know what the steps are and to take all possible actions. This document indicates only the general direction of treatment. The guidelines should be adapted on the basis of local conditions, availability of drugs, instruments, training, national standards and regulations (e.g. which category of health workers is authorized to start IV perfusion). This manual is based on WHO's *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*.

Relevant PAC Content	
<i>Topic</i>	<i>Page Number</i>
<b>Chapter 1:</b> Initial Assessment .....	5
<b>Chapter 2:</b> Management of Shock .....	11
<b>Chapter 3:</b> Management of Moderate to Light Vaginal Bleeding.....	17
<b>Chapter 4:</b> Management of Severe Vaginal Bleeding.....	29
<b>Chapter 5:</b> Management of Intra-Abdominal Injury .....	35
<b>Chapter 6:</b> Management of Sepsis.....	41
<b>Chapter 7:</b> General Principles of Emergency Abortion Care .....	47
<b>Annex 1:</b> Equipment and Facilities for Abortion Care.....	57
<b>Annex 2:</b> Example of a Referral Form for Complications of Abortion Cases.....	61
<b>Annex 3:</b> Emergency Resuscitation Materials .....	62
<b>Annex 4:</b> Essential Drugs for Emergency Abortion Care .....	63
<b>Annex 5:</b> Supplies for Surgical Uterine Evacuation Procedures .....	64

*(continued)*

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<i>Topic</i>	<i>Page Number</i>
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<b>Annex 7:</b> Instruments and Equipment for Second Trimester Uterine Evacuation .....	67
<b>Annex 8:</b> Instruments and Supplies for Laparotomy .....	68
<b>Annex 9:</b> Laboratory and Blood Materials .....	69
<b>Annex 10:</b> Manufacturers, Suppliers, and Sources of Procurement of Emergency Gynecologic Equipment .....	70
<b>Annex 11:</b> Manual Vacuum Aspiration (MVA) .....	74
<b>Annex 12:</b> Dilation and Curettage (D&C).....	79





**Document Name:** National Reproductive Health Service Delivery Guidelines

**Source:** Ministry of Health, Malawi

**Date:** October 2001

**Summary:** This document provides the most current up-to-date knowledge and direction on the various components of reproductive health, including: quality of care, counseling, client assessment, infection prevention, family planning, reproductive health/family planning for special groups, postabortion care, adolescent reproductive health, male reproductive health, STIs, HIV/AIDS, maternal and neonatal health, prevention and management of cervical and breast cancers, infertility, and harmful RH practices. It also forms a solid foundation from which service providers at all health facility in both the public and private sectors, as well as non-governmental organizations, can launch comprehensive, high quality and standardized reproductive healthcare.

Relevant PAC Content	
Topic	Page Number
Summary of the National Reproductive Health Strategy .....	xxi
<b>Chapter 1:</b> Quality of Care.....	1
<b>Chapter 2:</b> Counselling.....	7
<b>Chapter 3:</b> Client Assessment.....	11
<b>Chapter 4:</b> Infection Prevention .....	13
<b>Chapter 5:</b> Family Planning Methods .....	38
<b>Chapter 6:</b> Postabortion Care.....	157
<b>Chapter 7:</b> Adolescent Reproductive Health .....	173
<b>Chapter 11:</b> Prevention of Mother-to-Child Transmission of HIV.....	214
<b>Chapter 12:</b> Maternal and Neonatal Health (Safe Motherhood) .....	221
<b>Chapter 13:</b> Reproductive Health/Family Planning for Special Groups.....	236
<b>Chapter 16:</b> Infertility.....	260
<b>Chapter 17:</b> Harmful Reproductive Health Practices .....	264
<b>Appendix A:</b> Logistics Management .....	267
<b>Appendix B:</b> WHO Eligibility Criteria Codes.....	271
<b>Appendix C:</b> How to be Reasonably Sure a Client is not Pregnant.....	293
<b>Appendix D:</b> Who Can Provide FP/RH Services and Where FP/RH Services Can be Provided .....	296
<b>Appendix E:</b> Equipment, Supplies, and Medications for PAC Services.....	305



**Document Name:** Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers

**Source:** Ministry of Health, Kenya

**Date:** June 1997

**Summary:** These guidelines provide the most current up-to-date knowledge on the methods of contraception currently approved by the Ministry of Health and other aspects of reproductive health. They also provide direction on the following topics: quality of care; components of Family Planning services; method counseling; advantages and limitations; eligibility; use; management of common side effects; and where and from whom the method can be provided. Selected broader elements of reproductive health such as Maternal Health/Safe Motherhood; Postabortion Care; adolescents and youth; infertility; breastfeeding; cervical cancer screening; pap smears; and integration of STIs/HIV/AIDS are also covered. This document is designed to assist the service provider in maintaining comprehensive care for her/his clients and patients who may seek family planning or medical attention.

Relevant PAC Content	
Topic	Page Number
Components of Reproductive Health/Family Planning.....	1
Quality of Care .....	2
Counselling.....	3
Client Assessment .....	5
Infection Prevention.....	7
Family Planning Methods.....	11-41
Postabortion Care (PAC).....	47
• Purpose.....	47
• Emergency Treatment.....	47
• Postabortion Family Planning.....	47
• When to Start Family Planning .....	48
• Which Contraceptive Methods Can be Used .....	48
• Links to Other Reproductive Health Services.....	49
Integration of STI/HIV/AIDS Control into the Maternal Child Health and Family Planning Programme .....	50



**Document Name:** National PAC Taskforce Action Plan: Clinical Training Network & Expansion of PAC Services

**Source:** Ministry of Health, Zambia and JHPIEGO

**Date:** November 2002

**Summary:** This PowerPoint presentation describes the key elements of quality PAC services and helps managers understand their role in the PAC expansion program. It also assists in identifying, preparing, and initiating potential PAC service sites.

Relevant PAC Content	
<i>Topic</i>	<i>Slide Number</i>
Introduction to Postabortion Care.....	1
The Situation of Postabortion Care in Zambia.....	19
National PAC Taskforce Action Plan: Clinical Training Network and Expansion of PAC Services .....	53
Roles and Responsibilities at National, Provincial, and District Levels in PAC Expansion .....	74
PAC Training & Supervision: Orientation to the Individualized Training Approach and Materials .....	81
Integrating Family Planning & Reproductive Health Services into PAC.....	92
Infection Prevention.....	103
PAC Guidelines .....	143
Quality PAC Services: Clinical Care & Supervision.....	150
Organization, Equipment & Supplies for Quality PAC Services .....	160
Overview of Postabortion Care at Different Levels .....	190
Organization & Preparation for a PAC Clinical Training Site.....	202



**Document Name:** Emergency Obstetric Care: Quick Reference Guide for Frontline Providers

**Source:** JHPIEGO

**Date:** 2003

**Summary:** This pocket-sized booklet is designed to help the health care provider in a Type 1 health post recognize and respond to obstetric emergencies. The goal of emergency obstetric care at the health post level is to diagnose the problem, stabilize the woman, and arrange for transport to the nearest facility capable of managing and treating the complication.

Relevant PAC Content	
Topic	Page Number
<b>Responding to an Emergency:</b>	
Being Prepared for an Emergency.....	1
Quick Check.....	2
Responding to an Emergency .....	3
Rapid Initial Assessment.....	4
Rapid Initial Assessment for Respiratory Distress .....	5
Rapid Initial Assessment for Shock .....	7
Rapid Initial Assessment for Vaginal Bleeding .....	14
Rapid Initial Assessment for Fever .....	16
Rapid Initial Assessment for Abdominal Pain.....	18
Referring the Woman for Care .....	19
<b>Symptoms:</b>	
Vaginal Bleeding.....	23
Headache, Blurred Vision, Convulsions, or Loss of Consciousness.....	49
<b>Appendices:</b>	
Essential Drugs and Supplies for Emergency Obstetric Care at the Type 1 Health Post.....	70
Infection Prevention.....	75
Guidelines for Procedures.....	95



**Document Name:** Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors

**Source:** WHO, UNFPA, UNICEF, World Bank

**Date:** 2003

**Summary:** A woman presenting with a life-threatening obstetric complication is in an emergency situation requiring immediate diagnosis and management. Therefore, the main text of the manual is arranged by symptom (e.g. vaginal bleeding in early pregnancy). Because this symptom-based approach is different than most medical texts which are arranged by disease, a list of diagnoses with the page number of the corresponding diagnosis table is provided.

The emphasis of the manual is on rapid assessment and decision making. The clinical action steps are based on clinical assessment with limited reliance on laboratory or other tests and most are possible in a variety of clinical settings (e.g. district hospital or health center).

Relevant PAC Content	
Topic	Page Number
<b>Clinical Principles:</b>	
Rapid Initial Assessment.....	C-1
Talking with Women and their Families.....	C-5
Emotional and Psychological Support .....	C-7
Emergencies.....	C-15
General Care Principles .....	C-17
Clinical Use of Blood, Blood Products and Replacement Fluids .....	C-23
Antibiotic Therapy .....	C-35
Anaesthesia and Analgesia .....	C-37
Operative Care Principles .....	C-47
Provider and Community Linkages.....	C-79
<b>Symptoms:</b>	
Shock.....	S-1
Vaginal Bleeding in Early Pregnancy .....	S-7
Abdominal Pain in Early Pregnancy .....	S-115
<i>(continued)</i>	

<b>Relevant PAC Content (continued)</b>	
<i>Topic</i>	<i>Page Number</i>
<b>Procedures:</b>	
Paracervical Block.....	P-1
Pudendal Block.....	P-3
Ketamine .....	P-13
Dilatation and Curettage .....	P-61
Manual Vacuum Aspiration.....	P-65
Repair of Cervical Tears .....	P-81
Repair of Vaginal and Perinetal Tears .....	P-83
Repair of Ruptured Uterus.....	P-95
Uterine and Utero-ovarian Artery Ligation.....	P-99
Salpingectomy for Ectopic Pregnancy.....	P-109
<b>Appendix:</b>	
Essential drugs for managing complications in pregnancy and childbirth .....	A-1



**Document Name:** Postabortion Care: A Reference Manual for Improving Quality of Care

**Source:** Postabortion Care Consortium

**Date:** 1995

**Summary:** The purpose of this manual is to provide clinicians (physicians, nurses and midwives) with essential information on the provision of comprehensive postabortion care services. It is intended to assist clinicians in treating incomplete abortion and its life-threatening complications. The manual outlines the full range of activities needed to provide appropriate, high-quality postabortion care, including family planning and referral to health care services needed after emergency treatment.

Relevant PAC Content	
Topic	Page Number
<b>Chapter 1:</b> Postabortion Care.....	1-1
<b>Chapter 2:</b> Talking with Patients .....	2-1
<b>Chapter 3:</b> Initial Assessment .....	3-1
<b>Chapter 4:</b> Infection Prevention .....	4-1
<b>Chapter 5:</b> Pain Management.....	5-1
<b>Chapter 6:</b> Treatment of Incomplete Abortion.....	6-1
<b>Chapter 7:</b> Management of Problems and Complications During MVA .....	7-1
<b>Chapter 8:</b> Processing MVA Equipment and Other Items.....	8-1
<b>Chapter 9:</b> Postabortion Family Planning .....	9-1
<b>Chapter 10:</b> Organizing and Managing Services.....	10-1
<b>Appendix A:</b> Assessment and Treatment of Complications .....	A-1
<b>Appendix B:</b> General Principles of Emergency Postabortion Care.....	B-1
<b>Appendix C:</b> Sample Referral Form: Postabortion Complications.....	C-1
<b>Appendix D:</b> Processing Surgical Gloves.....	D-1
<b>Appendix E:</b> Use of Medications for Pain.....	E-1
<b>Appendix F:</b> Equipment and Supplies Needed for MVA.....	F-1
<b>Appendix G:</b> Essential Drugs For Emergency Postabortion Care.....	G-1
<b>Appendix H:</b> Precautions for Performing MVA .....	H-1
<b>Appendix I:</b> Preparing Instruments for MVA.....	I-1



**Document Name:** Manual of Norms, Rules, Protocols, and Technical Procedures for Management of Hemorrhage in the First Half of Pregnancy

**Source:** Ministry of Health, Bolivia

**Date:** 2004

**Summary:** This consensus document includes definition of terms; responsibilities for PAC at each level of care in the health system; objectives of PAC; and protocols and procedures in the delivery of quality PAC services, including infection prevention and recordkeeping forms.

Relevant PAC Content	
<i>Topic</i>	<i>Page Number</i>
1. Levels of Attention and Functions of Health Personnel.....	17
2. Objectives and Rules .....	27
3. Protocols and Procedures.....	29
4. Infection Prevention.....	55
<b>Annex:</b> Registry for Hemorrhagic Complications in the First Half of Pregnancy .....	67





**Document Name:** Infection Prevention Guidelines for Healthcare Facilities with Limited Resources

**Source:** JHPIEGO

**Date:** 2003

**Summary:** The manual features infection prevention guidelines for outpatient settings as well as hospitals providing general medical, surgical, and obstetric services. To facilitate the manual's adaptation and use, each chapter has a set of learning objectives and is fully referenced. This allows the manual to be used in a variety of ways—as a text for preservice education, group-based training, on-the-job learning programs, or as content for developing teaching, job, or behavior aids.

Relevant PAC Content	
<i>Topic</i>	<i>Page Number</i>
<b>Part 1: Fundamentals of Infection Prevention</b>	
<b>One:</b> Introduction to Infection Prevention .....	1-1
<b>Two:</b> Standard Precautions.....	2-1
<b>Three:</b> Hand Hygiene.....	3-1
<b>Four:</b> Gloves .....	4-1
<b>Five:</b> Personal Protective Equipment and Drapes .....	5-1
<b>Six:</b> Surgical Antisepsis .....	6-1
<b>Seven:</b> Safe Practices in the Operating Room.....	7-1
<b>Eight:</b> Waste Management.....	8-1
<b>Part 2: Processing Instruments, Gloves and Others Item.....</b>	9-1 to 14-1
Includes overview of recommended processes; decontamination and cleaning; sterilization; high-level disinfection; processing linen; and processing disposable (single-use) items.	
<b>Part 3: Implementing Infection Prevention in Healthcare Facilities .....</b>	15-1 to 19-1
Includes traffic flow and activity patterns; housekeeping; clinical and laboratory services; blood bank and transfusion services; and management of infection prevention programs.	
<i>(continued)</i>	

Relevant PAC Content (continued)	
<i>Topic</i>	<i>Page Number</i>
<b>Part 4: Nosocomial Infections</b> .....	22-1 to 28-1
Includes preventing nosocomial infections; isolation precaution guidelines for hospitals; preventing urinary tract infections; preventing surgical site infections; preventing infections related to use of intravascular devices; preventing maternal and newborn infections; preventing infectious diarrhea; managing food and water services; preventing pneumonia; and infection monitoring (surveillance) activities.	
<b>Appendix A:</b> General Surgical Handscrub .....	A-1
<b>Appendix B:</b> Antiseptics .....	B-1
<b>Appendix C:</b> Processing Surgical Gloves .....	C-1
<b>Appendix D:</b> Precautions for the Surgical Team .....	D-1
<b>Appendix E:</b> Decontaminating and Cleaning Instruments and Needles and Syringes .....	E-1
<b>Appendix F:</b> Disinfectants .....	F-1
<b>Appendix G:</b> Instructions for Operating and Maintaining High-Pressure Steam Sterilizers .....	G-1
<b>Appendix H:</b> Laparoscopy .....	H-1
<b>Appendix I:</b> Duration of Precautions .....	I-1
<b>Appendix J:</b> CDC Recommendations for Prevention of Surgical Site Infection .....	J-1
<b>Appendix K:</b> Fetal and Newborn Infectious Disease Prevention.....	K-1

