EXECUTIVE SUMMARY

This guide reviews the research related to interventions in postabortion care. Postabortion care (PAC) has three core components:
a) emergency treatment for complications related to spontaneous or induced abortions; b) family planning and birth spacing counseling and provision of family planning services with provision of selected reproductive health services (STI evaluation and treatment, HIV counseling and referral/ provision of HIV testing) to prevent further mistimed or unplanned pregnancies that may result in repeat induced abortions; and c) community empowerment through community awareness and mobilization. PAC is an appropriate intervention for all countries, regardless of the country's legal status regarding abortion. Numerous studies documented the following key findings:

Emergency care

Both vacuum aspiration (VA) and sharp curettage are effective surgical methods for emergency treatment in PAC. Manual vacuum aspiration (MVA), the most commonly used method of VA in developing countries, costs less than sharp curettage primarily due to the costs associated with general anesthesia, overhead costs associated with extended hospital stay, use of the emergency room, the surgical obstetrics suite, and the gynecology ward for triage, recovery and discharge; increased personnel costs; cost of medications which may include anesthesia; pain medication; blood transfusion; contraceptives; discharge medications; cost of supplies; and cost of services from other departments.

- It is not necessary to train all providers in VA in order to include the other components of PAC. Programs that provide sharp curettage should give the same attention to patient information, counseling, and family planning methods for clients undergoing sharp curettage prior to hospital discharge—rather than waiting until VA (usually MVA) is available at health facilities.

- Pain medication is needed for MVA even though it is provided under local anesthetic.

- Various cadres of providers have been successfully trained to provide MVA.

Family planning and STI/HIV counseling and services

- High-quality family planning and reproductive healthcare can reduce the number of unintended pregnancies and can result in a reduction of women who seek abortions for unintended pregnancies (Marston and Cleland, 2003 cited in Gillespie, 2004).

- It is critical that women who access PAC receive information and contraceptive methods to help them and their partners plan their pregnancies.

- It is critical that PAC be linked to other reproductive health interventions and that guidelines for PAC be well disseminated (Farrell, 2004; FHI, 2004).

- Women and men need to know that immediate use contraception upon resumption of sexual relations is critical to averting future mistimed or unplanned pregnancies.

- Misoprostol administered either orally or vaginally, has been studied extensively as an alternative to surgical evacuation of the uterus. Though somewhat less effective compared with VA or sharp curettage, it may help further extend services to lower level health centers so long as clients are adequately monitored and referral links are in place should treatment failure occur.

- Providing family planning counseling and services at the same site as emergency treatment can increase the number of women leaving the facility with a family planning method.

Community awareness, mobilization and empowerment

- Women, when specifically asked, often want their male partners to be counseled concerning PAC.
- Community health workers (CHWs) and volunteer health workers can identify pregnant women; provide information to pregnant women and encourage them to use hospital care in cases of emergency; educate the community on risk factors and danger signs during pregnancy; and provide information about contraception. CHWs can dispense selected contraceptive methods. However, more research is needed on how best to involve CHWs in PAC.

Policy and program issues

- Policy initiatives to allow midwives to perform manual vacuum aspiration can increase access to all components of postabortion care. Providing vacuum aspiration at the primary care level also increases geographic access to emergency treatment and other PAC services.

- Training providers in counseling can increase the satisfaction of PAC patients with emergency treatment, family planning counseling, and FP services and can increase the number of women who choose a contraceptive method following emergency treatment. Training providers can also improve the quality of PAC care.

- Reducing HIV transmission and the incidence of malaria among pregnant women, as well as reducing exposure to environmental contamination and physical violence, can reduce the incidence of miscarriage.

- Reorganizing PAC services, implementing policy changes, and disseminating revised protocols to support the reorganization of services can result in cost savings.

Many interventions that show promise for PAC have not been documented with studies, particularly in developing country settings. In addition, there are numerous issues in postabortion care which must be addressed to reduce mortality and morbidity, yet for which no effective interventions have been devised or documented. Some of these issues are:

- Protocols for the provision of pain medication are needed.
- Strategies must be developed to empower and mobilize communities

so that women, their partners, and their communities are aware of unsafe abortion and will know the danger signs of incomplete abortion or miscarriage. Furthermore, access to PAC, particularly in settings where abortion is illegal and unsafe, remains a problem.

- Stigma and discrimination against HIV-positive women or women with AIDS needing PAC must be decreased, and messages need to be incorporated on how to use condoms to prevent HIV transmission for women who access PAC services.
- Although youth are also at risk of needing PAC, few interventions address youth specifically.
- Exactly what pre-service and in-service training will be most effective for PAC remains to be studied and documented.
- PAC can be scaled up to a national level, but much work remains to expand access to all components of PAC around the world, regardless of methodology for emergency treatment (sharp curettage, VA, or medical management).