Guidelines for Safe Abortion Care

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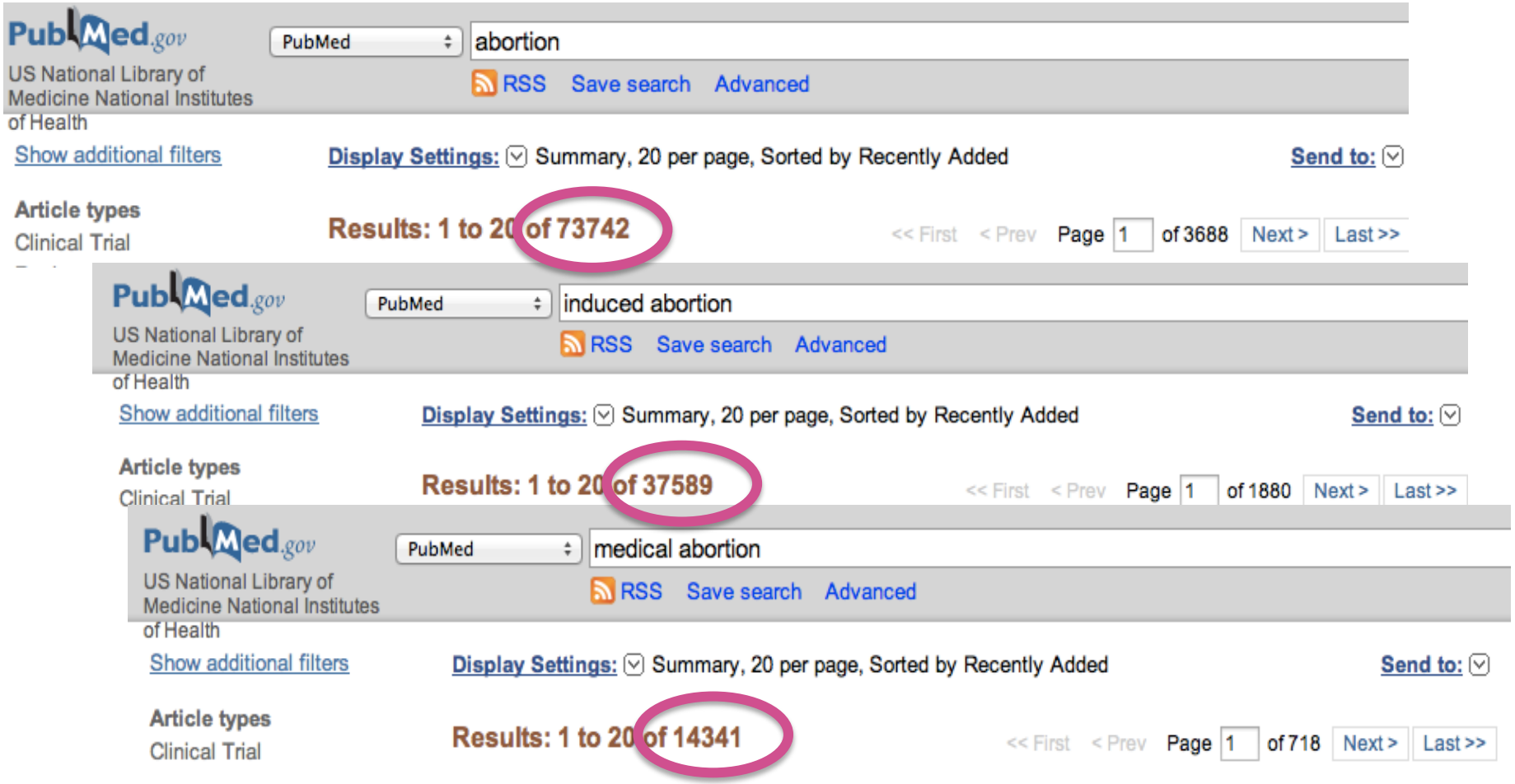
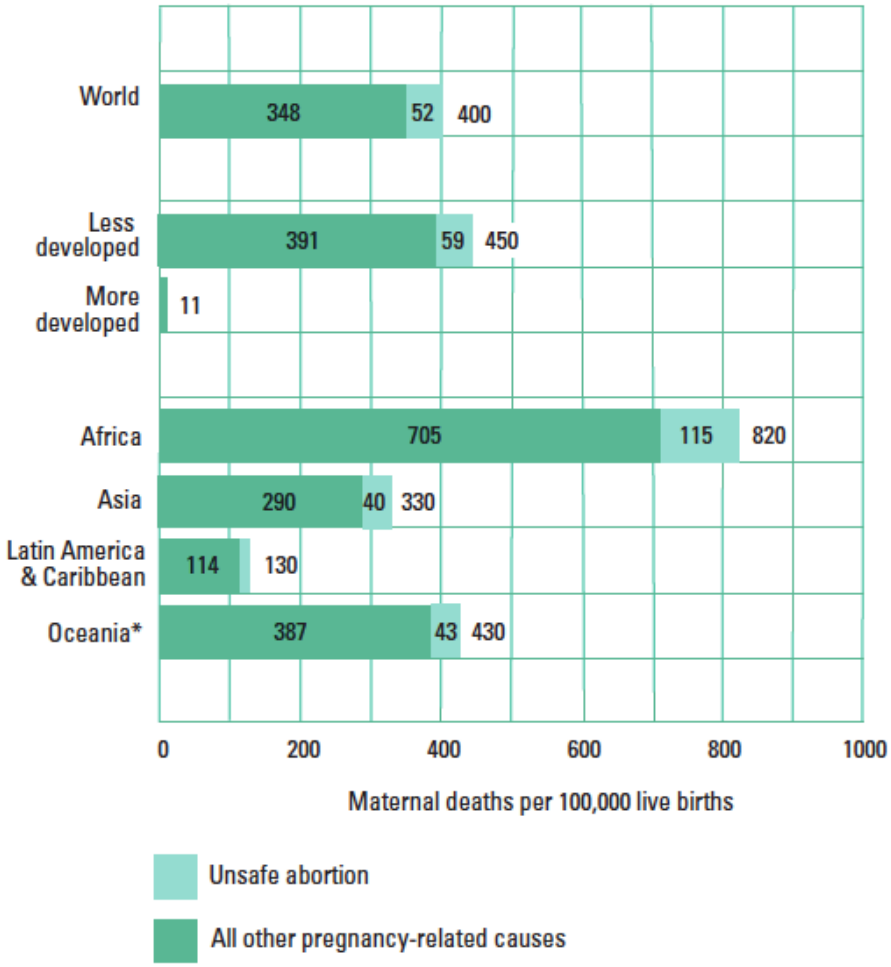
One of the Most Studied Topics in Medicine



Women Die from Unsafe Abortion

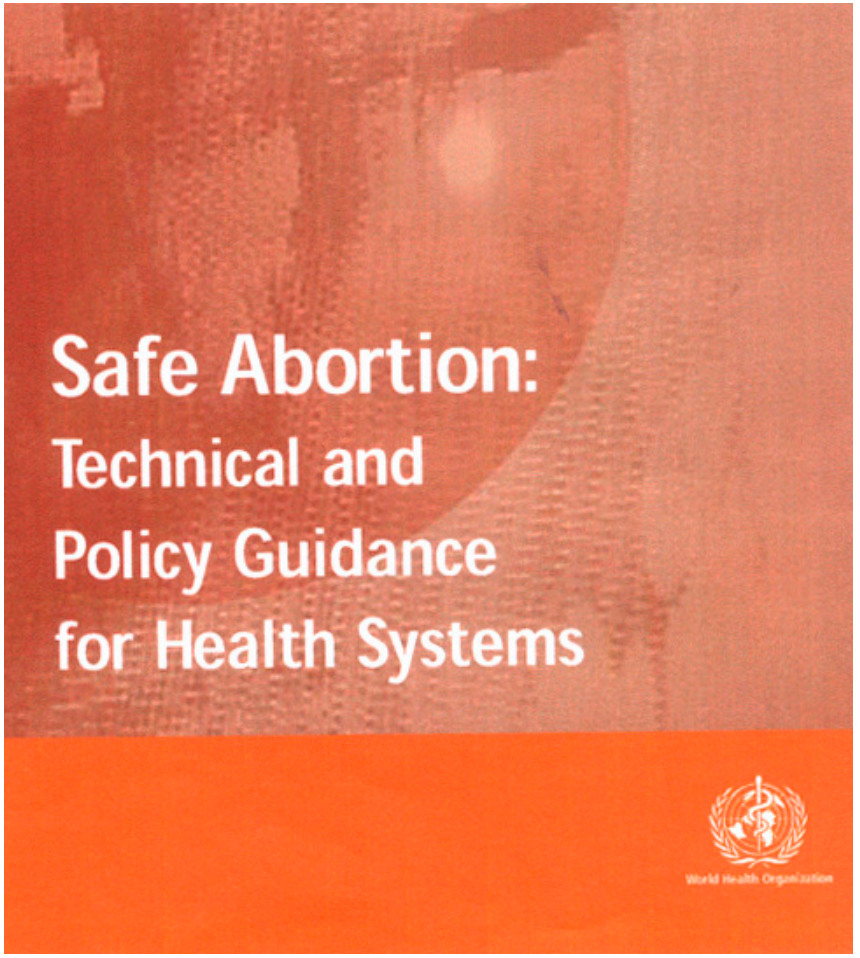


Globally, one in eight maternal deaths results from unsafe abortion

Safe Abortion:

Technical and Policy Guidance for Health Systems 2012

World Health Organization



Safe Abortion:
Technical and Policy Guidance for Health Systems 2012

- Global experts in the field and international organizations
- Priority issues defined
- Evidence based on recent systematic reviews
- Rating of evidence and strength of clinical recommendations
- International expert panel finalized recommendations using consent-driven process

Safe Abortion:

Technical and Policy Guidance for Health Systems 2012

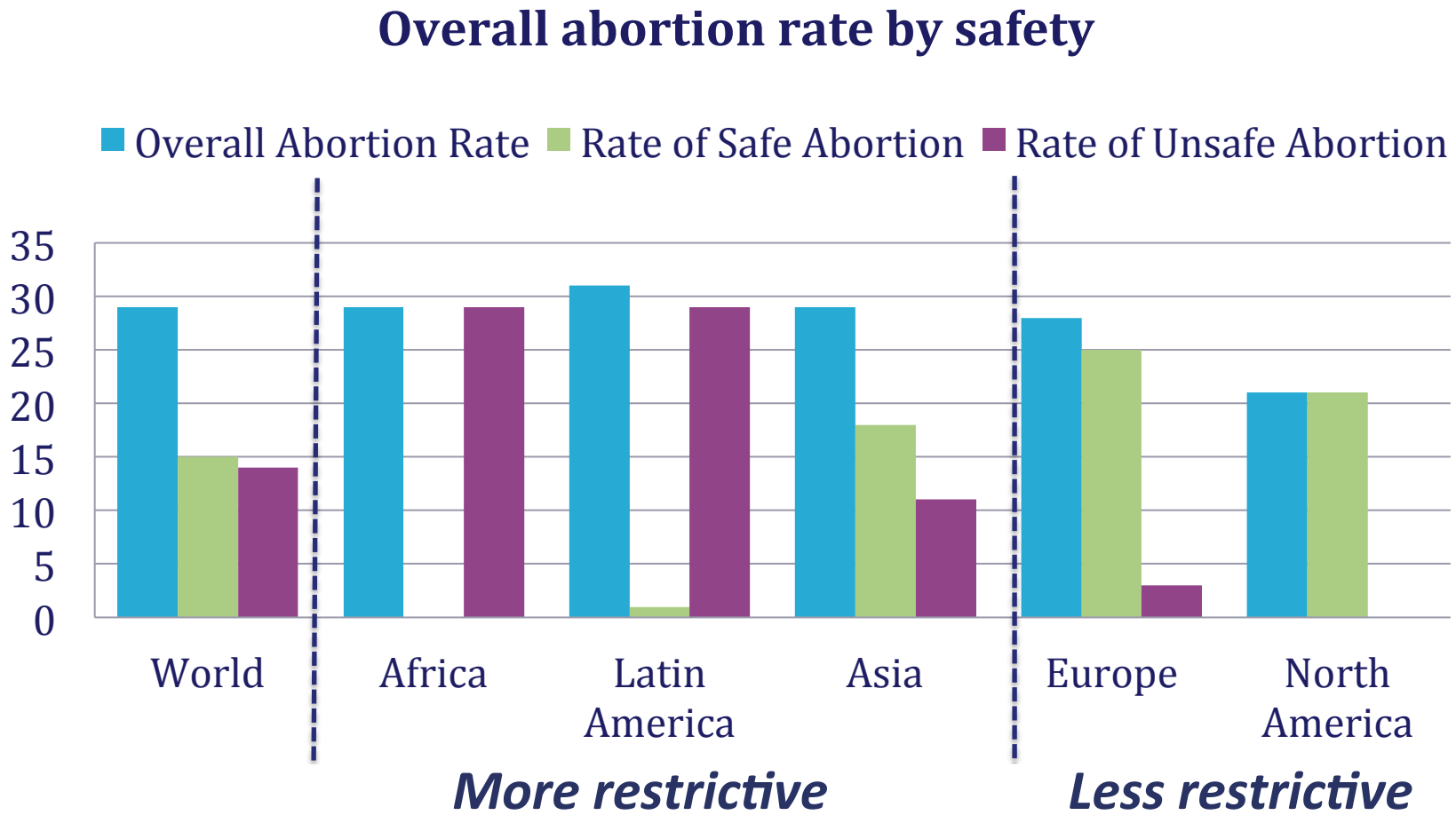
Recommendations:

- Clinical care
- Establishing and strengthening abortion services
- Legal, policy, and human rights considerations

Target audience:

- Providers of abortion care
- Policy makers
- Program managers

Abortion Rate Constant Regardless of Restrictions or Safety



Safe Abortion:
Technical and Policy Guidance for Health Systems 2012

Underlying Principles

- Abortion laws and services ***should protect the health and human rights of all women***, including adolescents
- They should not create situations that lead women and adolescents to seek unsafe abortion
- Policymakers and healthcare managers working to provide reproductive health services should ***always ensure that safe abortion care is readily accessible and available*** to the full extent of the law

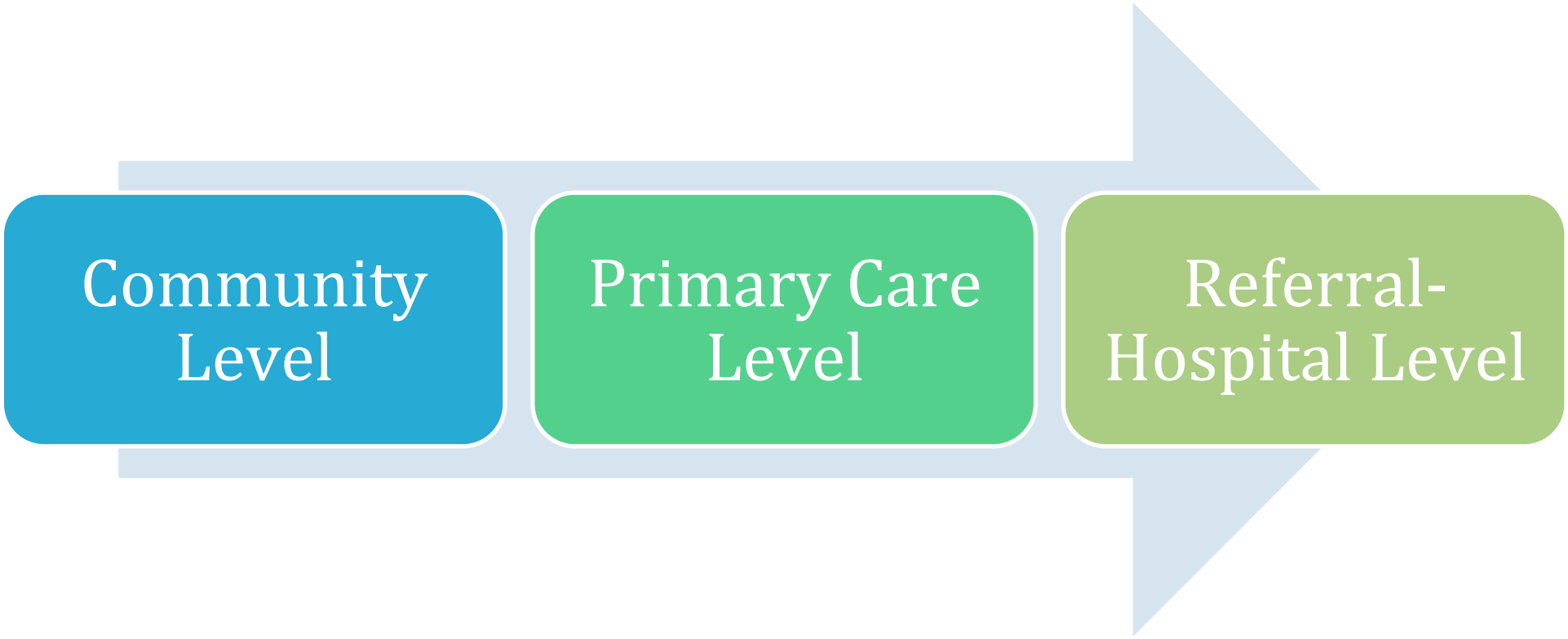
National Standards & Guidelines for Safe Abortion Care

- Where and by whom abortion services can be provided
- Essential equipment, medications, supplies and facility capabilities
- Referral mechanisms
- Respect for women's informed decision-making, autonomy, confidentiality and privacy
- Attention to the special needs of adolescents and women who have suffered rape
- Guidelines for conscientious objection by health-care providers and facilities

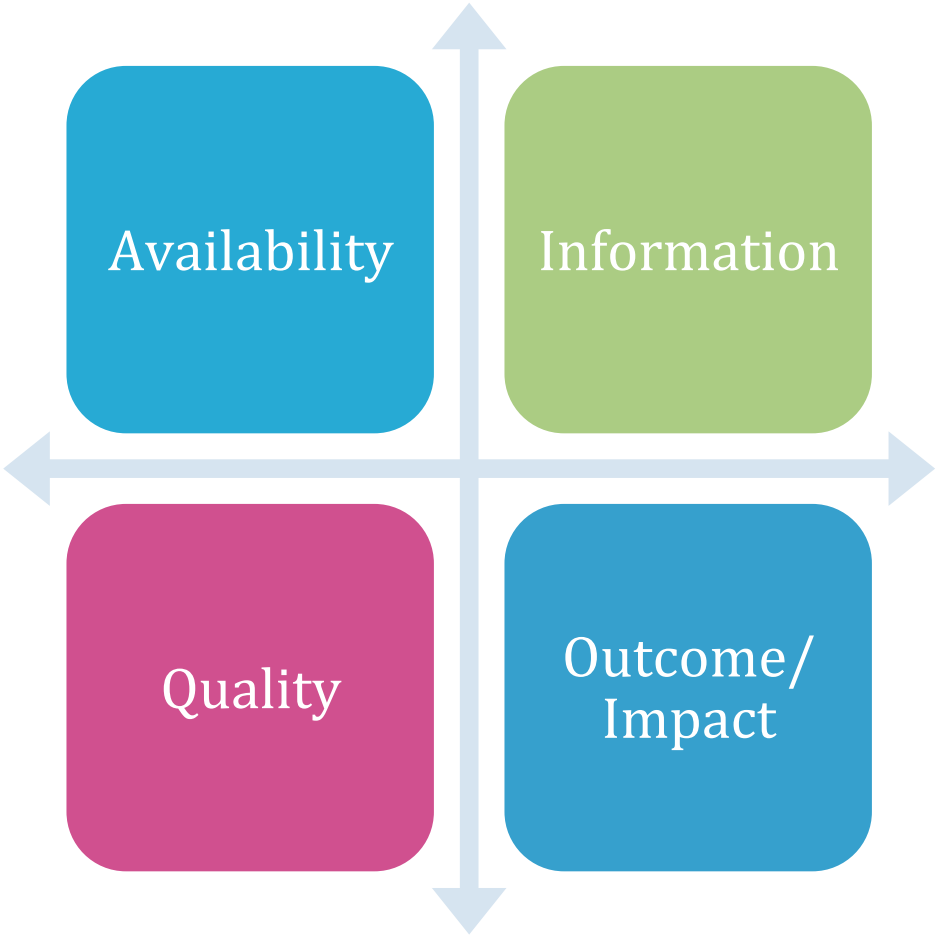
Certification & Licensing of Abortion

- Based on national standards
- Facilitate rather than restrict access to care
- Do not impose excessive requirements for infrastructure, equipment, or staff that are not essential to provision of safe services
- Same as for other medical procedures
- Same for public, private, and non-governmental facilities

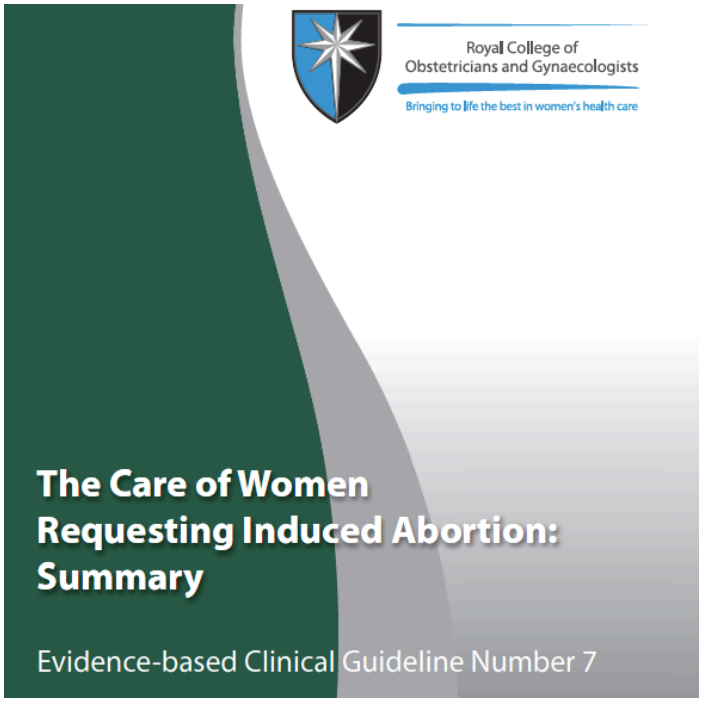
Care Settings for Abortion Services

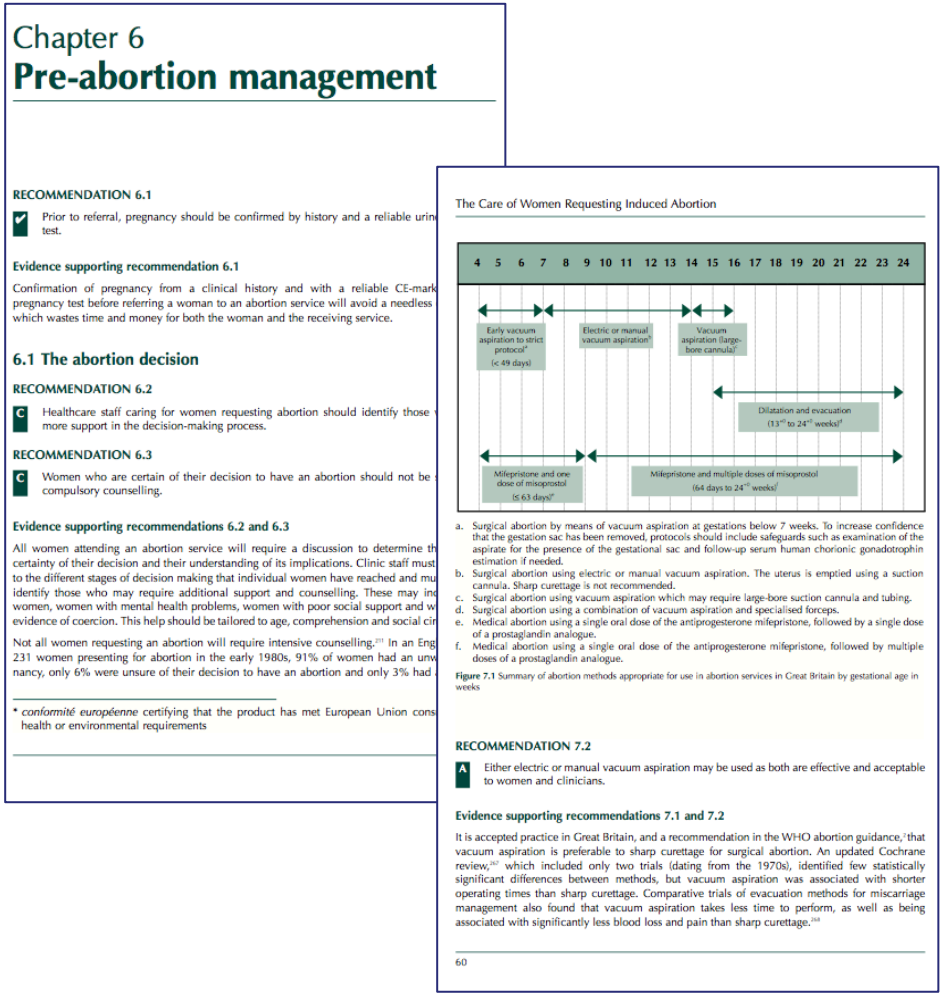


WHO Indicators for Safe Abortion Care



Royal College of Obstetrics and Gynecology (RCOG)




Chapter 6
Pre-abortion management

RECOMMENDATION 6.1

Prior to referral, pregnancy should be confirmed by history and a reliable urin test.

Evidence supporting recommendation 6.1

Confirmation of pregnancy from a clinical history and with a reliable CE-mark pregnancy test before referring a woman to an abortion service will avoid a needless which wastes time and money for both the woman and the receiving service.

6.1 The abortion decision

RECOMMENDATION 6.2

Healthcare staff caring for women requesting abortion should identify those more support in the decision-making process.

RECOMMENDATION 6.3

Women who are certain of their decision to have an abortion should not be compulsory counselling.

Evidence supporting recommendations 6.2 and 6.3

All women attending an abortion service will require a discussion to determine th certainty of their decision and their understanding of its implications. Clinic staff must to the different stages of decision making that individual women have reached and mu identify those who may require additional support and counselling. These may in women, women with mental health problems, women with poor social support and w evidence of coercion. This help should be tailored to age, comprehension and social cir

Not all women requesting an abortion will require intensive counselling.[21] In an Eng 231 women presenting for abortion in the early 1980s, 91% of women had an unw nancy, only 6% were unsure of their decision to have an abortion and only 3% had

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The Care of Women Requesting Induced Abortion

a. Surgical abortion by means of vacuum aspiration at gestations below 7 weeks. To increase confidence that the gestation sac has been removed, protocols should include safeguards such as examination of the aspirate for the presence of the gestational sac and follow-up serum human chorionic gonadotrophin estimation if needed.
b. Surgical abortion using electric or manual vacuum aspiration. The uterus is emptied using a suction cannula. Sharp curettage is not recommended.
c. Surgical abortion using vacuum aspiration which may require large-bore suction cannula and tubing.
d. Surgical abortion using a combination of vacuum aspiration and specialised forceps.
e. Medical abortion using a single oral dose of the antiprogesterone mifepristone, followed by a single dose of a prostaglandin analogue.
f. Medical abortion using a single oral dose of the antiprogesterone mifepristone, followed by multiple doses of a prostaglandin analogue.

Figure 7.1 Summary of abortion methods appropriate for use in abortion services in Great Britain by gestational age in weeks

RECOMMENDATION 7.2

A Either electric or manual vacuum aspiration may be used as both are effective and acceptable to women and clinicians.

Evidence supporting recommendations 7.1 and 7.2

It is accepted practice in Great Britain, and a recommendation in the WHO abortion guidance,[2] that vacuum aspiration is preferable to sharp curettage for surgical abortion. An updated Cochrane review,[67] which included only two trials (dating from the 1970s), identified few statistically significant differences between methods, but vacuum aspiration was associated with shorter operating times than sharp curettage. Comparative trials of evacuation methods for miscarriage management also found that vacuum aspiration takes less time to perform, as well as being associated with significantly less blood loss and pain than sharp curettage.[68]

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- Guidance first published in 2002
- Evidence-based

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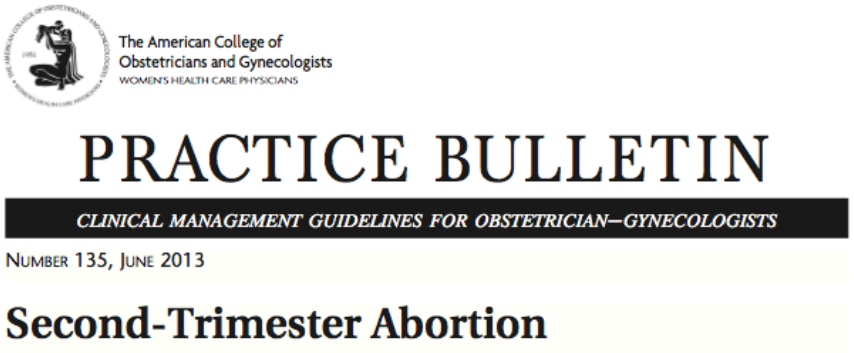
American College of Obstetrics and Gynecology (ACOG)

- Guidance since 2001
- Evidence-based
- Collaboration with Society of Family Planning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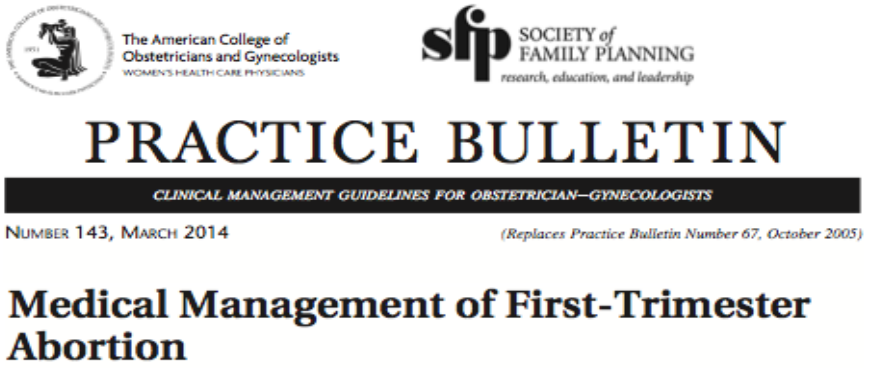
WOMEN'S HEALTH CARE PHYSICIANS

PRACTICE BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN–GYNECOLOGISTS

NUMBER 135, JUNE 2013

Second-Trimester Abortion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NUMBER 143, MARCH 2014

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Medical Management of First-Trimester Abortion

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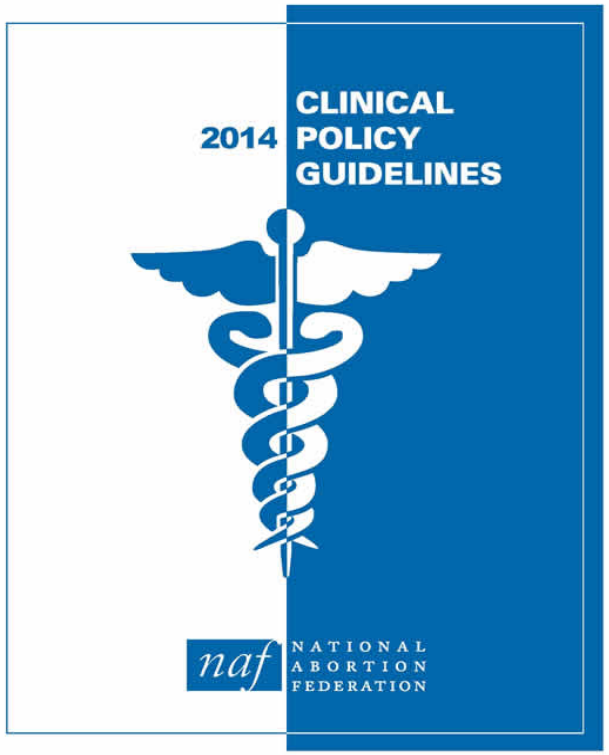

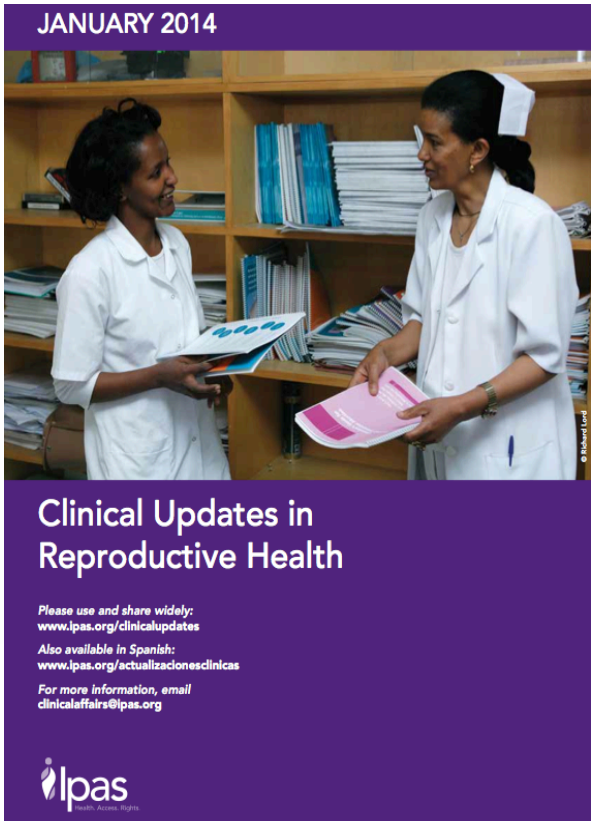

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Take Home Message

- Abortion is one of the most investigated topics
- Abortion is safe
- Providers and networks have protocols and guidelines for safety, based on evidence