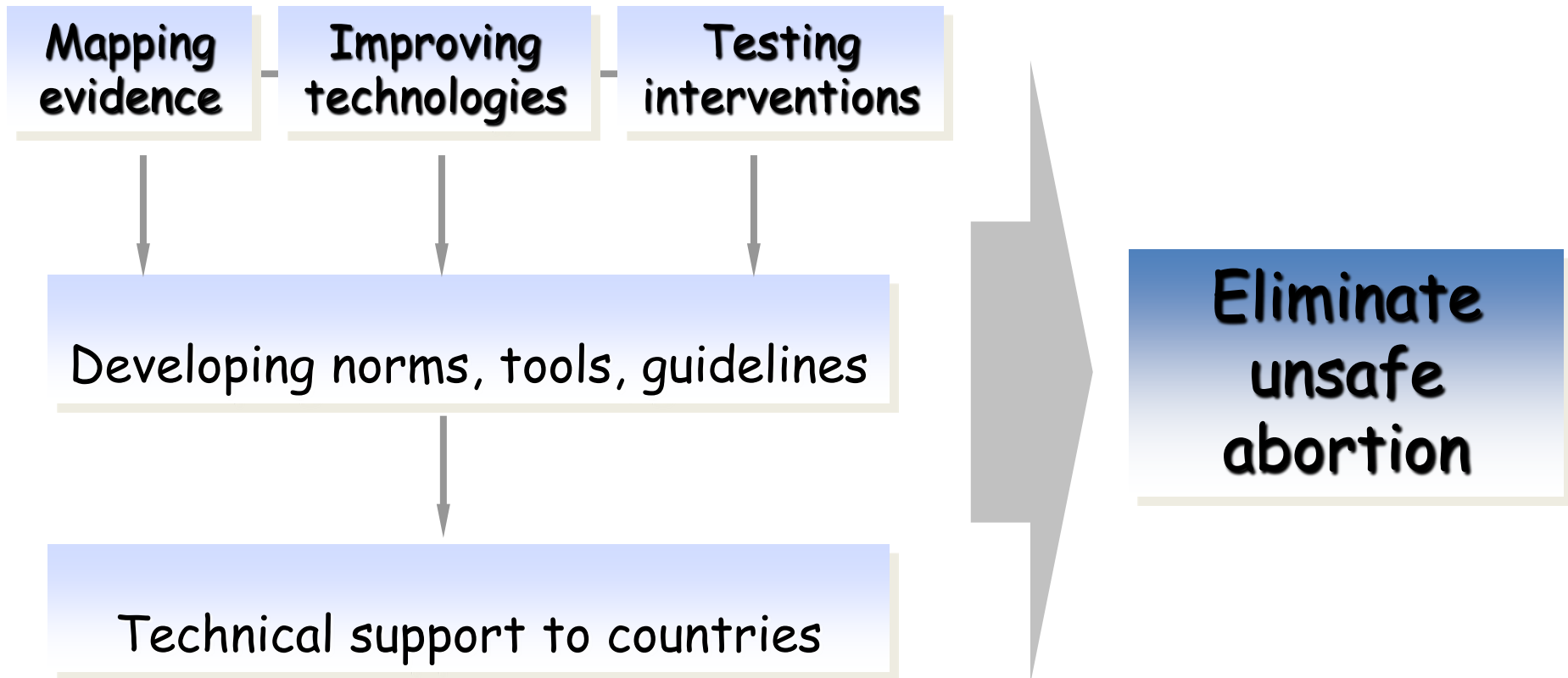


# Safe abortion: technical and policy guidance for health systems

Ronald Johnson, PhD  
Gunta Lazdane, MD PhD



# WHO working to eliminate unsafe abortion globally and locally



# The Challenge of unsafe abortion

**85** million  
Unintended  
pregnancies

**44** million  
Abortions

**22** million  
Unsafe abortions

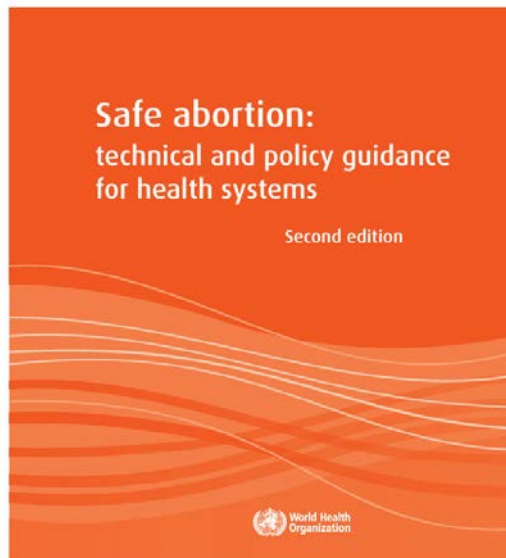
**23000**  
Deaths

**5** million+  
Disabilities

Billions of \$\$\$ in financial costs

# WHO Safe abortion guidelines

- ❑ Safe abortion care: the public health and human rights rationale
- ❑ Clinical care for women undergoing abortion
- ❑ Planning and managing safe abortion care
- ❑ Legal and policy considerations



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# SAFE ABORTION CARE: THE PUBLIC HEALTH AND HUMAN RIGHTS RATIONALE



# WHO Global Reproductive Health Strategy

The strategy is grounded in international human rights treaties and global consensus declarations that call for the respect, protection and fulfilment of human rights, including:

- ❑ the right to the highest attainable standard of health;
- ❑ the right to decide freely and responsibly the number, spacing and timing of children and to have the information and means to do so;
- ❑ the right to have control over, and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health – free of coercion, discrimination and violence;
- ❑ the right to enjoy the benefits of scientific progress and its applications.

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# CLINICAL CARE FOR WOMEN UNDERGOING ABORTION



# Decision-making and counselling

Providing information and offering counselling can be very important in helping a woman consider her options and ensuring that she can make a decision that is free from pressure.

**However,**

- ❑ Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling.
- ❑ Provision of counselling to women who desire it should be voluntary, confidential, non-directive, and by a trained person.



# Methods of abortion

- ❑ Dilatation and sharp curettage should be replaced with vacuum aspiration and use of combination mifepristone and misoprostol for abortion prior to 12-14 weeks gestation.
- ❑ Use dilatation and evacuation and medical methods for abortion are recommended after 12-14 weeks gestation.

# Pain management

- ❑ All women should be routinely offered pain medication during both medical and surgical abortions.
- ❑ In most cases, analgesics, local anaesthesia and/or conscious sedation supplemented by verbal reassurance are sufficient, although the need for pain management increases with gestational age
- ❑ General anaesthesia is not recommended routinely for vacuum aspiration or dilatation and evacuation.

# Infection prevention

- ❑ All clinical and support staff in all facilities that provide abortion services should understand and apply standard precautions for infection prevention and control for both their own protection and that of their patients.
- ❑ Antibiotics should be provided routinely following surgical abortion.

# Post-abortion contraception

All modern methods of contraception, including IUDs and hormonal contraceptives, can be initiated immediately following surgical or medical abortion, as long as attention is paid to each woman's health profile and the limitations associated with certain methods.

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# PLANNING AND MANAGING SAFE ABORTION CARE



# Comprehensive abortion care services

Comprehensive care includes:

- Medically accurate information and non-directive counselling to facilitate informed decision-making;
- Abortion services delivered without delay;
- Timely treatment of abortion complications;
- Contraceptive information and offers of counselling and methods.

# Where services should be provided

- Abortion care provided at the primary-care level and through outpatient services in higher-level settings is safe, and minimizes costs while maximizing the convenience and timeliness of care for the woman.
- Allowing home use of misoprostol following provision of mifepristone at the health-care facility can further improve the privacy, convenience and acceptability of services, without compromising on safety.

# At primary-care level

- ❑ Health-care workers trained to provide counselling on contraception, unwanted pregnancy and abortion
- ❑ A broad range of contraceptive methods, including IUDs, implants, and injectables
- ❑ Vacuum aspiration (manual or electric) for pregnancies of gestational age up to 12-14 weeks
- ❑ Medical methods of abortion for pregnancies of gestational age up to 9 weeks, or up to 12 weeks if the woman can stay in the facility until the abortion is complete
- ❑ Prompt referral for women needing services that cannot be provided on-site



# Good-quality services respect human rights

Good quality means respecting, protecting, and fulfilling:

- Women's informed and voluntary decision-making;
- Women's autonomy;
- Women's confidentiality and privacy.

# Confidentiality

- ❑ Health-care providers have a duty to protect medical information against unauthorised disclosures, and to ensure that women who do authorise release of their confidential information to others do so freely and on the basis of clear information.
- ❑ Adolescents deemed mature enough to receive counselling without the presence of a parent or other person are entitled to privacy, and may request confidential services and treatment.

# Privacy

- ❑ Health-service managers should ensure that facilities provide privacy for conversations between women and providers, as well as for actual services.
- ❑ Procedure rooms should be partitioned for visual and auditory privacy, and only facility staff required for the abortion should be present.
- ❑ There should be a private place for undressing, curtained windows, and cloth or paper drapes to cover the woman during the procedure.

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# LEGAL AND POLICY CONSIDERATIONS



# Laws and policies on abortion

Should protect women's health  
and their human rights...

# An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care

Policies should be geared to:

- Respecting, protecting and fulfilling the human rights of women;
- Achieving positive health outcomes for women;
- Providing good-quality contraceptive information and services;
- Meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV.

# Summary

- ❑ **Elimination of unsafe abortion requires**
  - Good sexuality education
  - Ready access to and availability of contraception
  - Ready access to and availability of safe, legal abortion
- ❑ **Safe abortion care requires**
  - Skilled, knowledgeable providers
  - Use of WHO-recommended methods
  - Hygienic conditions
- ❑ **Safe, legal abortion protects women's health and their human rights**

# Questions and discussion

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