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# **Postabortion Care (PAC): New Treatments, Better Family Planning and Real Progress**

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# Overview

- **Methodology:PAC Research Review**
- **Research findings 1994-2013**
- **Implications for programs and policy**
- **Building progress for the future**

# **PAC Research Compendium**

## **Methodology**

- **550+ articles over 20 years, 1994-2013**
- **Modified Gray scale to assess strong evidence**
- **Areas of content:**
  1. **Emergency treatment**
  2. **Family planning counseling, service delivery & STI/HIV evaluation & treatment**
  3. **Community empowerment, awareness, mobilization**
- **Application for practices & programs**

# Emergency Treatment--Surgical

- **Vacuum aspiration (VA) reduces procedure time, blood loss & pain**
- **Pain management: individualized with interpersonal support**
- **Paracervical block: little or no benefit with VA & open cervix—OK to omit**
- **Costs: reduced with manual VA (MVA)**

# Emergency Treatment: Medical

- **Misoprostol: safe, effective, & high acceptance**
- **Misoprostol: 400 mcg sublingual or 600 orally equally effective—simple pain management**
- **Success rates increase with provider confidence & 2 week window for completion**
- **Surgical option still needed for women presenting with complications, failure or personal preference**

# Emergency Treatment: Medical (2)

- **Ultrasound unnecessary on site: usually available within one hour (clinical studies)**
- **Task-shifting & extension to lower level facilities—good potential for programs**
- **Misoprostol now a first-line treatment option**
- **Clinical studies did not report family planning uptake—needs program & research focus**

# Postabortion Family Planning (FP)

- **FP uptake increased 32 to 69 % points when provided at time of treatment: 15 studies**
- **Post-Ab FP reduces unintended pregnancies & repeat abortions, especially with IUDs & implants**
- **IUD insertion immediately post-VA: safe; few expulsions; high continuation**
- **IUD following misoprostol: delayed to one week or when evacuation complete**

# **Postabortion FP Imperatives—Health Professional Societies**

- **Family planning counseling & services before discharge offered to all women**
- **Written & oral information on:**
  1. **Rapid return of fertility—two weeks**
  2. **Complications—e.g., fever, pain, bleeding—when to return**
  3. **Written & oral info on chosen contraceptive method—how to use, changes to expect**





# A guide to family planning

for community health workers and their clients



Adapted from the WHO's *Decision-Making Tool for Family Planning Clients and Providers*

# Injection

## What it is

- Hormone injection.
- Prevents release of egg.

## How to use

- Get an injection every 2 months (NET-EN) or 3 months (DMPA).
- If breastfeeding, can start 6 weeks after childbirth.
- Works best if you get your injections on time.

### **If late for an injection:**

- DMPA: Can still get an injection up to 4 weeks late.
- NET-EN: Can still get an injection up to 2 weeks late.

If later, use condoms and return for an injection as soon as possible.

## What to expect

- Irregular bleeding at first, then spotting or no monthly bleeding. This is common and safe.
- Possible slight weight change.
- After stopping injections, it can take several months to become pregnant.

## Key points

- Does not cause infertility.
- Be sure to get next injection on time.
- Use condoms if you need protection from STIs or HIV/AIDS.

Injection



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# **Program Implications for Family Planning**

- **Postabortion FP is a universal requirement & needs documentation in programs & HMIS**
- **Focus on key elements for success:**
  1. **Ensure free contraceptives**
  2. **Deliver universal counseling & provision of wide range of methods, including LARCs at point of treatment**
  3. **Utilize nurses & midwives for FP services**
  4. **Involve men (with women's concurrence)**

# Misoprostol Potential for Programs

- Provide misoprostol as an option to VA--& especially to D&C—cost studies needed
- Task shifting to nurses & MWs with extension to primary health facilities
- Maximize postabortion FP: program documentation & research a priority
- Misoprostol integrated into maternity care for PPH & PAC