



INTRODUCTION TO THE SERIES OF MODULES IN THE GUIDE

Policymakers and program planners are faced with a wide array of evidence when designing reproductive health interventions. The current push for “best practices” is an attempt to evaluate the evidence on programs and interventions and highlight those that are most effective. With scarce resources for reproductive health and growing demand for services, program priorities must be based on effective interventions. Most scientific and biomedical research on reproductive health interventions has been written for scientists; little has been written specifically for policymakers. This guide is intended for policymakers and program planners who are designing reproductive health interventions and who are deciding among priority interventions. Organizations that provide assistance to programs worldwide may also benefit from this guide.

This guide, *What Works: A Policy and Program Guide to the Evidence on Postabortion Care*, provides a summary of the evidence that documents the effectiveness of various interventions. This guide will be useful to those developing guidelines for best practices.

The modules in this guide provide information complementary to the biomedical information from clinical studies in the WHO Reproductive Health Library, based on the Cochrane Collaboration.¹

¹ The Cochrane Collaboration, an international resource for evidence-based medicine in all specialties, is a continuously updated review of randomized controlled trials (PANOS, 2001). Information on the Cochrane Collaboration and the related WHO Reproductive Health Library is available at www.cochrane.org or www.update-software.com.

While the Cochrane Collaboration reviews provide meta-analyses of randomized clinical trials, there are many health problems in developing countries that are not amenable to investigation using this methodology. This guide also adds to the ongoing work on best practices in reproductive health.

This guide on PAC, in contrast to the companion volume on Safe Motherhood (Gay et al., 2003), has drawn on unpublished reports to supplement the research published in peer-reviewed publications because of the limited amount of published literature on PAC. Biomedical information is included insofar as it is relevant to programmatic considerations.

Furthermore, the modules in this guide categorize these interventions by those that are effective, those that may be on the cutting edge but for which sufficient evidence has not yet been gathered, and common interventions that are not effective. This guide includes policy and program issues related to reproductive health. Most evidence cited in the guide comes from studies in developing countries; however, when such research was not available, evidence from developed countries was included.

In contrast to the Cochrane Collaboration, the authors have not reanalyzed the data on interventions, rated the grades of evidence, or presented an analysis of the implications of the data. For some interventions, many large-scale studies including some randomized controlled trials are listed; for other interventions, supporting research is



available from only one study using a small sample size. With review articles, the original studies are cited as reported in the review. An attempt has been made to use the original studies and primary sources, but where the original could not be located, the authors relied on review articles. Evidence from review articles is clearly noted (e.g., x cited in y).

Gray (1997) lists the five strengths of evidence in research:

Type	Strength of evidence
I	Strong evidence from at least one systematic review of multiple well designed, randomized controlled trials.
II	Strong evidence from at least one properly designed, randomized controlled trial of appropriate size.
III	Evidence from well-designed trials without randomization, single group pre-post, cohort, time series, or matched case-control studies.
IV	Evidence from well-designed, non-experimental studies from more than one center or research group.
V	Opinions of respected authorities, based on clinical evidence, descriptive studies, or reports of expert committees.

The evidence available for this guide primarily falls in strength level III; however, some

evidence that falls in strength levels I, II, IV, and V is included. The evidence presented in the guide represents the best available research on reproductive health interventions the authors were able to gather at the time each module was published. In the “Summary of Evidence” column, the authors have noted whether the preponderance of evidence is strong or whether the issue related to PAC needs more evidence (e.g., “needs more research”). The “Gray Type” column refers to Gray Scale’s strength of evidence for each particular study.

This PAC guide attempts to address the issues of cost and sustainability. Unlike the companion volume on Safe Motherhood (Gay et al., 2003), which did not cover the issues of cost, equity, and sustainability, the data on PAC provide some clear-cut cost data. PAC studies, which provide cost data, are included in this guide.

This module is organized as follows:

- Introduction summarizing critical issues.
- Effective interventions, presented in table format, with the summary of the evidence related to the interventions in the left hand column and details of the relevant research that supports the intervention or particular policy direction in the right hand column. The interventions are listed in the table of contents of the module and are organized by the three core components of the new USAID PAC strategy: 1) emergency treatment; 2) family planning counseling and service delivery with provision of selected reproductive health services (STI evaluation and treatment; and HIV counseling and/or referral for HIV testing); and 3) community empowerment via community awareness, and mobilization.



- Policy and program issues (such as access to care and quality of care).
- Web-based resources for program design.
- References and clinical manuals.
- Annotated index of interventions.

It is important to note that high-quality PAC is a package or constellation of services. This package includes a reorganization of services; infection control practices; patient information and informed consent for emergency treatment and pain management. Patient information and counseling related to possible complications, follow-up care at home; family planning counseling and services, information on return to fertility; and information and services related to STI/HIV/AIDS is also a part of the package of services. Community empowerment via awareness and mobilization to address these issues is new to the postabortion care package so fewer interventions have included these components.

References to a number of important PAC interventions and studies are repeated in a number of sections of this module for example in the emergency treatment, counseling, training, and policy sections.

Regular updates will be posted to the online document available at **www.postabortioncare.org**.

In addition, a CD-ROM version of the guide will be made available.