Post-abortion Care

Performance Standards for Health Providers (Kenya)

Developed by PRIME

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Introduction

Background

Between February and October 1999, the Kenya Post Abortion Care (PAC) pilot and bridging project was undertaken. During this period 75 private nurse/midwives were trained for provision of PAC services. The Kenya PAC project for nurse/midwives is unique in that previously in Kenya only doctors/physicians were providing treatment to patients coming to health institutions with complications of incomplete abortion using either dilation and curettage (D&C) and or manual vacuum aspiration (MVA) methods. The Kenya PAC pilot project demonstrated that nurse/midwives and other non-physician health professionals if trained can safely and efficiently provide PAC services to patients visiting their health facilities with incomplete abortion related complications using MVA procedure.

Right from the beginning of the PAC pilot project, the development of PAC standards was seen necessary to provide a standard tool for guiding and directing PAC service providers, supervisors and trainers in an effort to provide quality PAC services to clients.

What Post-abortion Care is

Post-abortion Care comprises the comprehensive health care provided to clients with problems of incomplete abortion, the experience of or having had an abortion. It has four interrelated components and these constitute the major focus for PAC performance standards. The PAC components are:

- Emergency treatment of complications from spontaneous or induced abortion.
- Family Planning counselling and services.
- Linkages to access comprehensive reproductive health care.

What a Standard is

A standard describes the responsibilities for which the PAC provider is accountable (to the client, community and the profession).
The purposes of standards of practice are to:

- Enhance quality of care on the perspective of client and the community.
- Protect the client and the public.
- Provide the provider with the means to be self-regulating.
- Give direction for professional practice.
- Protect health providers offering PAC services.
- Expand the already existing Reproductive Health (RH) standards.

Criteria are used to measure the achievement of standards. Criteria may change more frequently than the standards themselves e.g. to meet the needs of the practitioner in various settings or areas of specialisation.

PAC Performance Standards for Primary Health Providers have been developed by the PRIME Project primarily for nurse/midwives who have been trained in PAC. These standards however are not restrictive and should be employed to other health care providers who have been trained to provide PAC services. Various health care groups may use these standards:

- PAC providers - to self-monitor and assess their performance.
- Supervisors - to monitor and assess providers' competencies, the effects that this has on quality care provision and provide supportive guidance for service provision.
- Trainers - as a tool to ensure competencies are acquired during training and maintained at work-sites following training.
- Program managers - to assess and determine the resources required and evaluate the performance of PAC services.

The term client has been used in these standards to refer to persons served both in preventive and curative services.

These standards are for the client/provider session level and are more detailed than many standards. This is deliberate given that PAC is a new service. It is anticipated that such a presentation will contribute to better understanding of improved post-abortion care.
Standard 1
PAC provider organises the health facility to provide quality PAC services

Criteria
- Offers integrated RH services.
- Ensures facility has:
  - space to provide consultation/treatment room, sterilisation area and a recovery room/space that is non-threatening;
  - a couch for which stirrups could be fitted;
  - minimum equipment including:
    - bivalve speculae (Cuscos);
    - single or double toothed tenaculum;
    - Sponge holding forceps;
    - Buckets with covers for decontamination and high level disinfection;
    - Steriliser/autoclave;
    - Kidney dishes and trays.
  - drugs, supplies, equipment and information, education and communication (IEC) materials for providing PAC and other RH services;
  - equipment and instruments that are functioning.
- Ensures privacy for client.
- Has at least two serviceable manual vacuum aspiration (MVA) kits.
- Has a second qualified PAC provider within the facility and or at a nearby facility for networking with while providing PAC services.
- Ensures infection control measures are observed.
- Maintains PAC/RH client and clinic records that support the national health information.
- Periodically uses service data to evaluate and improve the PAC services provided.
Standard 2

**PAC provider is a qualified health practitioner**

**Criteria**

- Currently licensed to practice by the Nursing Council of Kenya (NCK) or other recognised health regulatory body.
- Trained in Family Planning service provision.
- Trained in RH skills such as midwifery, obstetrics/gynaecology.

Standard 3

**PAC provider upholds and fulfils clients rights**

**Criteria**

- Applies client rights to provide care regardless of age, religion, political belief, social-economic status, ethnic origin, marital status, geographical location or any other characteristic that may place an individual at risk of discrimination.
- Provides prompt emergency care.
- Gives information including the risks of treatment, benefits, relevant RH services according to client's needs.
- Ensures client's safety including the use of safe procedure for treatment of incomplete abortion and prevention of cross-infection.
- Facilitates client's choice including right to freely decide whether or not to use a contraceptive.
- Ensures privacy and confidentiality related to visual, oral and client's health information/records.
- Ensures dignity and comfort regardless of client's status and humane.
- Offers continuity e.g. the client receives counselling, access to contraceptives and other RH services as long as necessary.
- Encourages client to express their own opinion regarding the care to be provided, concerns about the services received and any changes that need to be made regarding the services.
Standard 4

PAC provider ensures positive interaction between him/herself and the client/relative and with other members of the health team

Criteria

- Facilitates clear and open two-way communication to collect information on medical history before, during and after treatment.
- Uses verbal and non-verbal communication/facilitation skills to obtain information from client or initiates an unsolicited RH service.
- Provides key information for PAC clients e.g., to:
  - prevent repeated pregnancy;
  - address other RH problems identified;
  - provide support required;
  - educate on prevention of STI/HIV/AIDS.
- Provides continuous reassurance to the client.
- Counsels and educates clients on their specific needs and concerns.
- Provides an atmosphere in which the client gives consent for treatment.
- Assists other members of staff in enhancing a supportive environment for PAC service provision.
- Keeps the relatives involved in the client's care as necessary.
Standard 5
PAC provider performs procedures for control and prevention of cross-infection

Criteria

- Washes hands before and after every procedure.
- Uses protective devices e.g. aprons, gloves.
- Ensures safe waste disposal including that of sharps e.g. injection needles.
- Ensures availability of recommended antiseptics and disinfectants.
- Maintains good housekeeping practices.
- Teaches clients and other health workers on infection prevention and control.
- Processes all instruments for re-use, using either of the following:

Using Chemical
- Decontaminates soiled instruments by placing them in 0.5% chlorine solution e.g. JIK 1:6 for 10 minutes;
- Cleans the instruments with soap and water.
- Rinses the instruments thoroughly with clean water.
- Performs High Level Disinfection (HLD) by submerging instruments in chlorine solution e.g. JIK 1:6 for 20 minutes or CIDEX solution for 10 hours.
- Rinses instruments with cooled boiled water.
- Stores instruments in a dry and previously HLD air tight container.

Using boiling
- Decontaminates, cleans and rinses instruments.
- Boils all metal instruments/equipment for 20 minutes

Using autoclaves
- Decontaminates, cleans and rinses instruments.
- Sterilises the instruments by autoclaves.
Standard 6

PAC provider offers quality emergency and non-emergency treatment to clients

Criteria

General Preparation

- Ensures that needed drugs, instruments and equipment are ready for immediate use.

Assessment

- Observes the general health status of the client.
- Makes an initial assessment for an incomplete abortion:
  - Finds out about last monthly period (LMP), vaginal bleeding, cramping, and passage of tissue to diagnose incomplete abortion;
  - Assesses for shock and other life threatening conditions e.g. haemorrhage, sepsis/infection or injury to internal organs;
  - Applies emergency resuscitation measures as appropriate e.g. IV fluids, blood for cross matching.
  - Begins treatment and or refers appropriately.
- Takes medical history for incomplete abortion as per medical assessment card/ formats which includes:
  - Date of LMP;
  - Vaginal bleeding, duration and amount;
  - History of bleeding disorders;
  - Cramping, fever, chills;
  - Tissue passage;
  - Factors associated with the miscarriage;
  - Possible exposure to tetanus and tetanus vaccination status;
  - Reproductive health history;
  - Drug allergies;
  - History of STIs.
- Performs physical examination.
  - Assess client for:
    1: Uterine size by bimanual pelvic examination;
    2: Presence of foreign bodies in the genital tract;
    3: Presence of products of conception (POC) in the vagina and cervix by speculum examination;
    4: Condition of the pelvic organs (tears, perforation and infection);
    5: Amount of POCs still in the uterine cavity.

**Diagnosing and Planning**
- Using findings from history, observations and physical assessment, decides on plan of action to be taken:
  - Emergency treatment or non-emergency PAC care;
  - Referral of client;
  - Identifying areas to focus on while counselling;

- Provides identified non-emergency care. AND/AND
- Prepares client for MVA procedure:
  - Reassures client regarding the procedure;
  - Counsels and explains diagnosis and planned treatment;
  - Allays fears by explaining what is expected;
  - Obtains consent.

**Managing pain**
- Being supportive (e.g. counselling, clear provider/client communication throughout the procedure).
  - Giving a pain control drug
  - Giving a sedative if applicable.

**Steps for treatment of incomplete abortion**
- Prepares the room, equipment and materials for MVA and other common RH services.
- Performs MVA:
  - Client empties bladder;
  - Puts client in lithotomy position, cleans vulva with antiseptic and drapes client if possible;
  - Confirms size and position of the uterus by bimanual pelvic examination;
Prepares the syringe and selects cannula to be used.

Gently inserts the speculum and checks the cervix for tears or protruding POCs. Removes any protruding POCs with sponge or ovum forceps;

- Holds cervix with the tenaculum;
- Dilates cervical canal with cannula of progressively increasing sizes when cervical canal will not allow the selected cannula.
- While gently applying traction with tenaculum, inserts the cannula through the cervix into the uterine cavity just past the internal os until it touches the fundus then withdraws the cannula slightly;

Attaches pre-charged syringe to the cannula;
- Releases the pinch valve on the syringe to transfer vacuum through the cannula to the uterine cavity;
- Evacuates any remaining POCs by gently rotating the syringe and then moving the cannula gently and slowly back and forth within the uterine cavity;
- Checks for signs of completion:
  - red or pink foam and no more tissue seen in the cannula;
  - a gritty sensation is felt as the cannula passes over the surface of the evacuated uterus;
  - uterus contracts and the cervix grips the cannula making its movement in and out of the uterus difficult.
- Withdraws the syringe and cannula then detaches syringe and places cannula in a tray/kidney dish. Empties the contents of syringe;
- Removes tenaculum and speculum and puts them in a tray/kidney dish containing decontamination solution;
- Checks for vaginal bleeding;
- Repeats bimanual examination after removing the speculum to ensure that the uterus is well contracted;
- Puts speculum and other used instruments into decontamination solution e.g. one part of JIK to six parts of water (0.5% sodium hydrochloride) for 10 minutes;

**Care after MVA**

- Checks client's vital signs, checks for severe vaginal bleeding and general condition of client; (time/frequency/duration?)
- Allows client to rest comfortably.
Standard 7

PAC provider documents and reports accurately information on PAC client

Criteria

• Writes information regarding profile of clients, risk assessment, course of management, and outcome of care.

• Provides a mechanism for sending a copy of the PAC record or referral or transfer to other levels of care.

• Documents feedback obtained from referral sites.

• Uses records that facilitate communication of information to referral institutions and peers.

• Treats client's records as confidential documents.

• Gives verbal report to other service providers on elements of care that is critical to continuity of care in consultation with client's family.

• Submits reports on PAC clients to Ministry of Health and other stakeholders following the laid down procedures.
Standard 8

PAC provider ensures that clients treated receive after care guidance

Criteria

- Explains/Counsels the client or couple prior discharge and depending on client's need:
  - That she will be at risk of repeat pregnancy 2 weeks following treatment;
  - That there are a variety of safe contraceptive methods that can be used immediately to avoid pregnancy;
  - On where and how to get family planning or other identified post-abortion related services;
  - On all available FP methods to enable client make an informed choice of FP method;
  - On how to use the selected FP method including where and when to get additional supplies and action to take if warning symptoms occur;
  - That FP methods other than condoms do not protect against STI/HIV/AIDS and therefore if client is at risk they may require to use condoms as a preventive measure;
  - On symptoms that require the client to return immediately to the facility and action she could take;
  - On signs of recovery when normal menstruation may resume, personal hygiene and when to resume sex.

- Provides method of choice to client.
- Gives clients available take away pamphlets.
Standard 9

PAC provider establishes a referral mechanism for clients needing services not provided at the facility and or for specialised care

Criteria

- Discusses with the client and relative if applicable the need, rationale and timing of the referral.
- Informs referral facility by telephone if possible.
- Writes referral note.
- Arranges for escort.
- Uses appropriate means of transportation.
- Follows up with referral facility to monitor client's condition and treatment provided.
- Encourages clients/relatives to return to the facility for continuing and follow-up care including post-abortion family planning counselling and services.
- Ensures that the rest of the staff participate in the referral system and process.
- Organises a means of obtaining feedback from referral site.
Standard 10

PAC provider keeps updated in Reproductive Health services

Criteria

- Reviews materials and personal notes obtained during PAC training.
- Takes the initiative of attending Reproductive Health update workshops/seminars available e.g. those organised by the Ministry of Health (MOH), National Nurses Association of Kenya (NNAK), Health Management Agency (HELMAN) and other professional bodies.
- Conducts self-assessments and rectifies weak skills using the PAC performance standards.
- Seeks assistance from NNAK, Private Nurse/Midwives practitioners, the District Public Health Nurse (DPHN) and or lead non-governmental organisations for identified knowledge and skills updating.
- Applies innovative approaches to keep self updated e.g. Distance Based Learning (DBL), audio taped messages, self instructional modules, professional journals and use of the various resource centres.

Standard 11

PAC provider conducts on the job training (OJT) for all the facility staff on applying the PAC elements

Criteria

- Carries out OJT on PAC skills depending on the clinic staff capability and responsibility in the health facility.
- Facilitates the utilisation of newly acquired skills by staff.
- Provides supportive supervision to facility staff and provides support as required.
- Disseminates lessons learned in peer network meetings.
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\textit{PAC provider carries out community outreach services}

\begin{itemize}
  \item Sensitises the community (youth/adolescents, adult women and men) on PAC services for empowerment and to foster positive attitudes.
  \item Educates the community on how to recognise signs and symptoms of abortion-complication and what to do about these.
  \item Provides family planning information and services.
  \item Identifies with the community factors that contribute to maternal morbidity and mortality, and identifies community’s and health facility’s roles in minimising and or preventing these.
  \item Involves the community members in applying the agreed on roles.
  \item Organises or checks transport system for quick referral when necessary.
  \item Explores feasible ways for handling payments for services received by clients who may not be financially stable.
\end{itemize}
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