

# Provider Quick Checklist for Postabortion Care Services



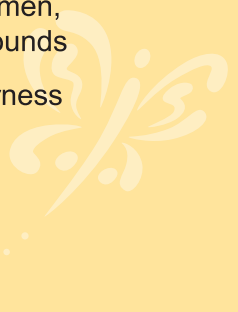
## Pre-Procedure:

- Welcome the client, make her comfortable
- Assess client to ensure:
  - vital signs do not indicate shock
  - vaginal bleeding is not excessive
  - no abdominal injury is present
- If needed, make arrangements for doctor availability for procedure or refer to higher level facility
- Ensure privacy and confidentiality
- If client consents, involve husband/support person in all counseling
- Ask/Observe/Examine
- Describe procedure
- Obtain informed consent for procedure and pain management
- Ensure patient gets adequate pain medication
  - IM – 30 minutes before procedure
  - By mouth –30 to 60 minutes before procedure
- Ensure that all equipment is ready
- If the patient's condition is stable and time permits, do counseling on FP methods and have patient decide which FP method to use, particularly important if patient desires IUD





Signs of Shock	Signs of Infection	Signs of Abdominal Injury
<ul style="list-style-type: none"><li>• Skin cool and clammy</li><li>• Systolic BP &lt; 90/60</li><li>• Pulse <math>\geq</math> 110 and weak</li><li>• RR &gt; 30</li></ul> <p><i>* If in shock, consider ruptured ectopic pregnancy, NO FLUIDS BY MOUTH, begin IV fluids and infuse IV fluids.</i></p>	<ul style="list-style-type: none"><li>• Temp <math>\geq</math> 38<sup>0</sup> C</li><li>• Foul smelling vaginal discharge</li><li>• Lower abdominal pain (tender uterus)</li><li>• Rebound tenderness</li><li>• Prolonged bleeding</li><li>• Purulent cervical discharge</li><li>• Cervical motion tenderness</li></ul> <p><i>* If septic, begin antibiotics as soon as possible before uterine evacuation.</i></p>	<ul style="list-style-type: none"><li>• Nausea, vomiting, fever,</li><li>• Abdominal or shoulder pain</li><li>• Prolonged bleeding</li><li>• Distended abdomen, absent bowel sounds</li><li>• Rebound tenderness</li></ul> <p><i>* If abdominal injury suspected, stabilize and transfer to higher level of care.</i></p>



**Source:** WHO, Managing Complications in Pregnancy and Childbirth, A Guide for Midwives and Doctors, 2003.

## During Procedure



- Ensure privacy
- Have assistant monitor vital signs and provide verbal support
- Monitor client closely for pain, use additional pain medication if needed and it is safe for the patient
- Reassure patient during the procedure
- Follow all infection prevention procedures
- Inspect tissue to ensure that procedure is complete



## Post Procedure

- Observe client for 1 to 2 hours; check vital signs and vaginal bleeding every 30 minutes
- Provide pain medication if cramping present
- Continue to ensure privacy and confidentiality
- If patient agrees, include husband/family member/friend when giving instructions/counseling including:
  - Rest
  - Nothing in vagina and no sex until vaginal bleeding has ended x 2 days
  - Take and complete medicines given by provider
  - Watch for warning signs that indicate the need for medical attention:
    - Severe abdominal pain
    - Fever
    - Bleeding heavier than a normal period
    - Foul odor from vagina
    - Bleeding that lasts more than two weeks

- Tell patient to avoid becoming pregnant for six months. This provides her body a rest and helps in promoting a healthier next pregnancy
- Do family planning counseling and help her select a FP method before discharge if she desires a method. **Remember that postabortion care has not been completed until FP counseling and an opportunity to choose a FP method has been provided!**
- Discharge client after 1 to 2 hours if she is comfortable, stable, able to walk without assistance
- If FP method not selected, schedule return visit for FP method in two weeks; provide condoms to use until patient decides on a FP method
- Tell patient, as needed, about need for:
  - Malaria prophylaxis
  - Tetanus prophylaxis
  - HIV counseling and testing
  - STI evaluation
- Record all findings in client record, complete PAC register.



<b>Contraceptive Method</b>	<b>When to Start</b>
<ul style="list-style-type: none"><li>• Oral Contraceptives (combined or progestin-only),</li><li>• Combined patch</li><li>• Condoms (male or female)</li><li>• Withdrawal</li><li>• Vasectomy</li></ul>	Immediately, even if injury to genital tract or possible or confirmed infection
<ul style="list-style-type: none"><li>• IUD</li><li>• Female Sterilization</li><li>• Fertility Awareness Methods</li></ul>	If infection present, once infection is ruled out or resolved
<ul style="list-style-type: none"><li>• IUD</li><li>• Combined vaginal ring</li><li>• Spermicides</li><li>• Diaphragms, cervical caps</li><li>• Female Sterilization</li></ul>	Once injury to genital tract has healed
<ul style="list-style-type: none"><li>• Combined vaginal ring</li><li>• Spermicides</li><li>• Diaphragms,</li><li>• Cervical caps</li></ul>	In cases of uncomplicated uterine perforation
<ul style="list-style-type: none"><li>• Fertility awareness methods</li></ul>	Should be delayed until there are no noticeable secretions or bleeding related to injury or perforation. Calendar-based methods should be delayed until at least one monthly bleeding after all such secretions or bleeding has stopped.