## 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 |
|---|---|---|
| • Skin cool and clammy<br>• Systolic BP < 90/60<br>• Pulse ≥ 110 and weak<br>• RR > 30 | • Temp ≥ $38^0$ C<br>• Foul smelling vaginal discharge<br>• Lower abdominal pain (tender uterus)<br>• Rebound tenderness<br>• Prolonged bleeding<br>• Purulent cervical discharge<br>• Cervical motion tenderness | • Nausea, vomiting, fever,<br>• Abdominal or shoulder pain<br>• Prolonged bleeding<br>• Distended abdomen, absent bowel sounds<br>• Rebound tenderness |
| ⁕ *If in shock, consider ruptured ectopic pregnancy, NO FLUIDS BY MOUTH, begin IV fluids and infuse IV fluids.* | ⁕ *If septic, begin antibiotics as soon as possible before uterine evacuation.* | ⁕ *If abdominal injury suspected, stabilize and transfer to higher level of care.* |

**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:
    - o Severe abdominal pain
    - o Fever
    - o Bleeding heavier than a normal period
    - o Foul odor from vagina
    - o 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.

| Contraceptive Method | When to Start |
|---|---|
| • Oral Contraceptives (combined or progestin-only),<br>• Combined patch<br>• Condoms (male or female)<br>• Withdrawal<br>• Vasectomy | Immediately, even if injury to genital tract or possible or confirmed infection |
| • IUD<br>• Female Sterilization<br>• Fertility Awareness Methods | If infection present, once infection is ruled out or resolved |
| • IUD<br>• Combined vaginal ring<br>• Spermicides<br>• Diaphragms, cervical caps<br>• Female Sterilization | Once injury to genital tract has healed |
| • Combined vaginal ring<br>• Spermicides<br>• Diaphragms,<br>• Cervical caps | In cases of uncomplicated uterine perforation |
| • Fertility awareness methods | 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. |

**Note:** Refer to WHO Medical Eligibility Checklist for more information **Sources:** WHO, Managing Complications in Pregnancy and Childbirth, A Manual for Midwives and Doctors, 2003. WHO, Family Planning, A Global Handbook for Providers, 2007.