Post-abortion family planning
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In many countries, reproductive health services do not actively include post-abortion family planning services for women who are treated for complications of unsafe abortion. This greatly increases the risk of further unintended pregnancies and unsafe abortions. The authors, drawing on the recommendations of a meeting of experts, make a plea for bridging the gap and dealing more realistically with this urgent need.

Women who have had an abortion are perhaps the most at risk for future unwanted pregnancies, but their needs are usually neglected by family planning programmes. Public health officials know that abortion has always occurred in every culture, if only because no contraceptive method is completely reliable, and therefore any fertile woman can be faced with an unwanted pregnancy. Perhaps mainly because of political pressures, however, abortion is consistently overlooked in the planning of health services. The result is that many women who have abortions do not have access to the contraceptive information they need. It is often claimed that post-partum programmes can also serve as post-abortion programmes, but in reality they rarely do, because they do not take into account the differences in the psychological, medical and contraceptive needs involved.

This gap in the services leaves many women trapped in a harmful cycle of unwanted pregnancies and unsafe abortions. It helps to perpetuate the poor health status of women and the global problem of unsafe abortions, which has been estimated to cause up to 150 000 deaths a year, as well as countless injuries, illnesses and disabilities.

Confronting the problem
In February 1993, 24 international experts on reproductive health met as a technical working group in Bellagio, Italy, to explore ways of making the necessary family planning services available to women who have experienced an abortion. The most important points they agreed on are as follows.

- A range of contraceptive methods, accurate information, sensitive counselling, and referral for ongoing care should be available to all women who have had an abortion. Acceptance of contraception or a particular contraceptive method should never be a prerequisite for obtaining an abortion.
- It is the responsibility of policy-makers and health care providers to ensure that women have access to such services. Even where the laws are highly restrictive much can be done, and in some cases changes in practice are the first step towards changes in policy.
Abortion care facilities and family planning programmes need to be aware of each other’s services and make them known to their users. Functional links should be developed between these two kinds of service, through such methods as training programmes for their staff.

Safe abortion care and post-abortion family planning should be an integral part of all national and international safe motherhood initiatives. Governments, bilateral, multilateral and nongovernmental organizations should place a high priority on providing these services.

A woman’s psychological and social needs, as well as the capabilities of the family planning service, should be taken into account in determining post-abortion contraceptive protocols. Long-term provider-dependent methods may not be appropriate if a woman is anxious, in pain or under emotional or physical duress. In addition, programmes on family planning and abortion care should take into account the needs of special groups, such as adolescents and HIV-positive women seeking abortion.

The working group made the following recommendations on private and public abortion services.

All abortion-care facilities (whether focused on emergency or elective induced services) should offer some type of family planning services — direct provision of information, counselling and contraceptive methods or referral to another source for these services. At a minimum, women should leave abortion-care facilities with the understanding of their immediate return to fertility and the knowledge that there are ways to prevent future unwanted pregnancies.

Abortion services should be provided in the context of comprehensive reproductive health care for women, with direct provision of family planning services and screening for sexually transmitted diseases and referral for other types of care such as treatment for sexually transmitted diseases and infertility. Comprehensive care can be accomplished in a single setting or through a network of linked facilities. Abortion-care providers should be alert to the possibility that unwanted pregnancy may result from domestic or other violence, and help link women to violence-prevention and other social services as appropriate.

Abortion services should be offered on an outpatient basis and extended to the primary health care level by giving personnel who staff these facilities training in abortion care. In addition, providers of abortion care — including physicians, nurses, nurse-midwives, social workers, counsellors and others — should be trained in family planning counselling, methods and referral.

Managers of abortion-care services should develop and implement simple, flexible protocols on clinical and managerial aspects of post-abortion family planning, including organization of staffing, supervision and supplies. A basic supply of contraceptive commodities such as condoms and oral contraceptives should be available at all facilities providing emergency abortion treatment or induced abortion.

The recommendations for private and public family planning services were as follows.
All family planning programmes should serve women who do not want to become pregnant as well as those who are pregnant and do not wish to be, through either direct provision of or referral to abortion services. Personnel should be trained in the provision of abortion services and post-abortion counselling, contraceptive methods and referral.

Nongovernmental organizations for family planning should provide menstrual regulation services, induced abortion services and treatment of incomplete abortion to the fullest extent allowed by local law and practice. Family planning programmes, including hospital-based family planning units, should initiate joint programmes with emergency abortion services such as cross-training for staff and mechanisms for reaching abortion patients with counselling and services.

Improving programmes and fostering policy change

Providers of both abortion care and family planning services should pay special attention to the following important elements of reliable care:

- safety of services;
- providing all necessary counselling and information;
- respecting each woman as an individual and encouraging her to voice her needs and views;
- informed and voluntary consent;
- confidentiality;
- effective links with other essential services;
- mechanisms for incorporating women’s views in service design.

Good care does not have to be expensive or difficult to provide, but it does require commitment. Even where resources are very scarce, simple steps can be taken to improve the quality of care.

At the same time, however, the factors involved are often insufficiently understood, and research is needed to improve the services and bring about the necessary changes in policy. The group felt that topics in particular need of research included the following:

- incorporating women’s perspectives into programme design;
- attitudes and interactions of users and providers of abortion care;
- programmes for meeting special needs such as adolescent health and care for women with HIV infection;
- ways of linking abortion and family planning services.

With appropriate client screening, all recognized contraceptive methods are clinically appropriate for post-abortion use. The group indicated some clinical issues that required further research, such as the use of an intrauterine device after abortion with regard to the possibility of exposure to sexually transmitted diseases and other infections. In general, continued research is needed on current and new methods of abortion and contraception, including the development of methods that make the user less dependent on the provider. However, there was unanimity on the point that efforts to link abortion and family planning services should not be postponed until new research findings were available.
In conclusion, the participants recognized that some of the factors contributing to women’s poor reproductive health, such as poverty and low status, required long-term efforts to overcome. However, many practical steps can be taken now to prevent the deaths, disability and poor health caused by unsafe abortion and poorly timed childbearing. Governments, donors, reproductive health care organizations and providers around the world are urged to work together to implement the suggestions outlined in this statement and develop their own strategies for linking abortion care and family planning services.

Acknowledgements
The authors are grateful to the Rockefeller Foundation, the Andrew W. Mellon Foundation and the World Health Organization for their support for the Bellagio Technical Working Group meeting. They also thank Janie Benson, Ann Leonard and Merrill Wolf for assistance in preparing this article.

Reference

No woman should die in childbirth
The tragedy of maternal death has multiple causes and requires a comprehensive strategy comprising community mobilization, prenatal care, clean and safe delivery with trained assistance and, most critically, first referral care for management of complications. ...

Quality of care is essential in ensuring that women enjoy good reproductive health throughout their lives. Such care is based on respect of women and their particular needs, participation of women in the design and delivery of services, and the provision of information which allows women to make informed choices about their sexual and reproductive lives.