POST ABORTION FAMILY PLANNING: A KEY COMPONENT OF POST ABORTION CARE

Consensus Statement: International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN), United States Agency for International Development (USAID), White Ribbon Alliance (WRA), Department for International Development (DFID), and Bill & Melinda Gates Foundation

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We commit ourselves and call upon all programs serving post abortion women of all ages to:

- Ensure that voluntary family planning counseling and services are included as an essential component of post abortion care in all settings
- Empower and serve post abortion women of all ages to prevent unintended pregnancies and further abortions
- Provide information on optimal pregnancy spacing for those women who want a pregnancy in order to realize critical health benefits, such as reduced maternal, neonatal, and childhood deaths, and prevention of HIV transmission from mother to child

We recognize that post abortion family planning is a cost-effective strategy for helping countries meet their commitments under Millennium Development Goal 5; FP2020; A Promise Renewed and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

The International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN) have committed to fully collaborate across their professions to optimize the provision of post abortion family planning, and through this statement, they are joined by collaborating partners to achieve universal access to voluntary post abortion family planning.

What is post abortion family planning and why is it important?

Every year, an estimated 44 million women of all ages have an induced abortion. They all need family planning information and voluntary contraceptive services. Since 1994, all models for post abortion care have included two essential services in their definition of such care: treatment, and voluntary family planning counseling and service delivery.

Globally, about **210 million women become pregnant each year. Of these,**

- **135 million** have live births
- **80 million** have unintended pregnancies
- **44 million** have an induced abortion, and of these about **22 million** are unsafe
- **31 million** have spontaneous abortions (miscarriages) or stillbirths
- **47,000 women die** due to unsafe abortion, accounting for about 13% of all maternal deaths.[1,2]

Post abortion family planning services need to be provided immediately after an induced or spontaneous abortion or treatment of complications, because fertility returns very quickly. Voluntary post abortion contraception is recommended to reduce unintended pregnancies and repeat abortions and to reduce the risks of adverse maternal and perinatal outcomes for pregnancies following induced or spontaneous abortion (miscarriage).[3,4]

Who needs post abortion family planning?

Millions of women have no control over the circumstances under which they become pregnant, and when faced with an unwanted pregnancy, many seek safe or unsafe abortion. Women who have an induced abortion often have had a previous abortion,[5,6,7] yet many of these women do not have access to effective contraceptives and are not offered immediate post abortion family planning services, even though post abortion women are at risk of pregnancy almost immediately after the procedure.[8] In 12 countries of Central Asia and Eastern Europe, total abortion rates dropped dramatically as the use of effective contraceptives increased.[9]

Women who have spontaneous abortions also need access to post abortion contraception. Some women wish to become pregnant again, and current evidence indicates that pregnancy spacing of six months after a spontaneous abortion is associated with optimal pregnancy outcomes.[4,9]

What are the results of providing post abortion family planning services?

When family planning counseling and services are offered immediately after all types of treatment, and provided before the woman leaves the facility, post abortion contraception acceptance rates can increase rapidly, from 0–10% prior to a program intervention to 50–80% within one to two years after implementation.[3,10] Voluntary contraceptive counseling and methods should be available at the same time and place as where the woman is treated.

Reducing costs and optimizing staff time

Providing post abortion contraception makes financial sense for both the individual and the institution, including saving staff time.[11] For example, in Nigeria, where access to safe abortion is very limited, the cost of treatment for complications of abortion is four times higher than the cost of providing family planning services to prevent these abortions.[12]

Key Consensus Points

- Globally, one in three pregnancies (75 million) end by either induced abortion (44 million), or spontaneous abortion or stillbirth (31 million).[1,2]
- Unmet need for family planning one of the primary causes of induced abortion.[5,6,9]
- Post abortion women are at risk of pregnancy almost immediately.[8]
- All post abortion women should receive voluntary post abortion family planning counseling and should be offered FP services at the site of care, including a wide range of methods.[3,12,13,14]
- Post abortion family planning uptake is high (50–80%) when quality services are offered before discharge.[3,10,15,16]
- Provision of universal access to voluntary post abortion contraception should be a standard of practice for doctors, nurses, and midwives.[13]
- Organizing services to ensure access to voluntary family planning counseling and choice of contraceptives can save costs, staff time, and lives, and empowers women to decide when and if to have children.[11,12,17]
- FIGO, ICM, and ICN have committed to fully collaborate across their professions to optimize the provision of post abortion care.[13]
- Advocacy is needed with policymakers and governments for ensuring quality post abortion family planning services, promoting task sharing, strengthening professional education, and reducing unmet need for family planning.[13]

Committing to action for achieving universal access to post abortion family planning

FIGO, ICM, and ICN have committed to ensuring that their members advocate for high-quality post abortion family planning counseling and services.[13] These health care professionals and the collaborating organizations endorsing this statement recognize the equally important need for family planning among postpartum women and are committed to strengthening contraceptive services as a vital part of both postpartum and post abortion care.[3,18] The rationale for both comes from the clear evidence that family planning and pregnancy spacing reduce unintended pregnancies and abortions and lower morbidity and mortality among women, neonates, infants, and children.[5,7,9,10,18,19]

> "If a woman comes to a hospital with an incomplete [induced] abortion, we've already failed once to help her avoid an unwanted or a mistimed pregnancy. If she leaves the facility without having any means of preventing another pregnancy in the future that may not be wanted, we've failed her twice."
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> *—Cynthia Steele Verme 1994, Postabortion Care (PAC) Consortium, International Conference on Population and Development (ICPD), Cairo*

INTERVENTIONS NEEDED

Organizing services for optimal results

Several organizational approaches have proven successful for providing quality post abortion care. [3,15,16,20] These include:

- Having institutions provide appropriate space for post abortion care, including treatment, contraceptive counseling, and services before the woman leaves the facility
- Ensuring that contraceptive supplies and equipment are present at the point of service
- Using midwives, nurses, and trained ward staff to counsel women
- Training physicians, midwives, and nurses together as teams to provide post abortion care, including task sharing, where local regulations permit
- Documenting performance, including the number and percentage of women receiving a contraceptive method before leaving the facility, by method chosen
- Engaging men in family planning decision making by providing family planning counseling to couples

Providing a wide range of contraceptive methods for post abortion clients

Effective programs need to ensure an adequate supply and wide range of contraceptive methods in treatment rooms, including temporary and long-acting methods. Most contraceptive methods can be initiated in the immediate post abortion period. Training and employing more midwives and nurses in the provision of highly effective long-acting reversible contraceptive methods, such as the intrauterine device (IUD) and hormonal implant, and ensuring that they have the legal authority to provide these methods, will strengthen access to a full range of contraceptive methods.[7,14]

Ensuring skilled counseling

The post abortion period is an opportune time for health professionals to have a major impact on reproductive health outcomes.[21] Skilled counseling is especially important for younger women whose first interaction with the health system may be for post abortion care. In Africa, 25% of unsafe abortions occur among women 15–19 years old.[22] Trained providers, including midwives, nurses, and ward staff, need to support all women who have undergone an induced abortion in making the best decisions for their health and reproductive intentions.

Supporting contraceptive continuation post-procedure

To reinforce contraceptive continuation, women of all ages should be provided with a plan for obtaining ongoing contraceptive supplies and/or for making follow-up visits. They should receive simple written instructions for the use of their method, along with concise information about common side effects and benefits. Optimally, this information should be provided before treatment begins, especially given that stress, sedation, and anesthetics can inhibit comprehension and recall.

Advocating and leading for universal access to post abortion family planning

A joint effort by health care professionals, policymakers, donors, faith-based organizations, and governments can ensure optimal practices for post abortion family planning counseling and services, including appropriate sharing of responsibilities among doctors, midwives, nurses and community health workers. Strengthening preservice education for physicians, midwives, and nurses will better prepare them to provide contraceptive counseling and integrated services. All benefit when quality of care is improved, family planning needs are met, staff time is saved, costs are lowered, and lives are preserved.

References

1. World Health Organization (WHO). (2011). *Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. 6th Edition.* Geneva.
2. Sedgh G, Singh S, Shah IH, Ahman E, Henshaw S, Bankole A. (2012). Induced abortion: incidence and trends worldwide from 1995 to 2008. *Lancet* 379(9816):625–632.
3. High Impact Practices in Family Planning (HIP). (2012). Postabortion family planning: strengthening the family planning component of postabortion care. Washington, DC: USAID. Available from: www.fphighimpactpractices.org/resources/ postabortion-family-planning-strengthening-family-planning-component-postabortion-care.
4. WHO. (2006). *Report of a WHO technical consultation on birth spacing. Geneva, Switzerland, 13–15 June 2005.* Geneva.
5. Smith R, Ashford L, Gribble J, and Clifton D. (2009). *Family planning saving lives. 4th Edition.* Washington, DC: Population Reference Bureau.
6. Jones RK, Singh S, Finer LB, and Frohwirth LF. (2006). *Repeat abortion in the United States.* Occasional Report 29. New York: Guttmacher Institute.
7. Peipert JF, MaddenT, Allsworth JE, and Secura, GM. (2012). Preventing unintended pregnancies by providing no-cost contraception. Obstet Gynecol 120(6):1291–1297.
8. Wilcox AJ, Dunson D, Baird DD. (2000). The timing of the "fertility window" in the menstrual cycle: day-specific estimates from a prospective study. *BMJ* 321(727):1259–1262.
9. Westoff, CF (2005). *Recent trends in abortion and contraception in 12 countries.* DHS Analytical Studies, No. 8. Princeton: Princeton University, and Calverton, MD: ORC Macro.
10. USAID. (2007). *What works: A policy and program guide to the evidence on family planning, safe motherhood, and STI/HIV/AIDS interventions. Module 2: Postabortion care.* Washington, DC. Available at: www.postabortioncare.org/research/Compendium.pdf.
11. Vlassoff M, Shearer J, Walker D, and Lucas H. (2008). *Economic impact of unsafe abortion-related morbidity and mortality: Evidence and estimation challenges*. IDS Research Report 59. Brighton, UK: Institute of Development Studies, University of Sussex. Available at: www.ids.ac.uk/files/dmfile/RR591.pdf.
12. Lule E, Singh S, and Chowdhury SA. (2007). *Fertility regulation behaviors and their costs: Contraception and unintended pregnancies in Africa and Eastern Europe and Central Asia.* Washington, DC: World Bank.
13. International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN), and U.S. Agency for International Development (USAID). (2009). *Family planning: a key component of post abortion care.* Washington, DC.
14. Roberts H, Silva M, and Xu S. (2010). Post abortion contraception and its effect on repeat abortions in Auckland, New Zealand. *Contraception* 82(3):260–265.
15. Rasch V, Massawe S, Mchomvu Y, Mkamba M, and Bergstrom S. (2004). A longitudinal study on different models of post-abortion care in Tanzania. *Acta Obstet. Gynecol. Scand.* 83(6):570–575.
16. Billings DL, Fuentes VJ, and Perez-Cuevas R. (2003). Comparing the quality of three models of postabortion care in public hospitals in Mexico City. *Int Fam Plan Perspect.*, 29(3):112–120.
17. United Nations. (1995). *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994.* A/CONF.171/13/Rev.1. New York. Accessed at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf.
18. Maternal and Child Health Integrated Program. (2012). *Statement for collective action for postpartum family planning.* Washington, DC. Downloaded August 5, 2013, from http://www.mchip.net/ppfp/.
19. Rasch V, Huber D, and Akande EO. (2007). *Report of the Postabortion Care Technical Advisory Panel.* Washington DC: USAID.
20. Rasch V and Lyaruu M. (2005). Unsafe abortion in Tanzania and the need for involving men in postabortion contraceptive counseling. *Stud Fam Plann* 36(4):301–310.
21. Williamson LM, Parks A, Wight D, Petticrew M, Hart GJ. (2009). Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. *Reproductive Health* 6:3 doi:10.1186/1742-4755-6-3. Available at: www.reproductive-health-journal.com/content/6/1/3.
22. Shah I and Ahman E. (2004). Age patterns of unsafe abortion in developing country regions. *Reprod Health Matters.* 12(24 Suppl):9–17. Available at: www.unfpa.org/webdav/site/global/shared/swp/2012/Figures/figure_pg35.pdf. Accessed Sept. 16, 2013.

Additional resources are available at the Postabortion Care web site, www.postabortioncare.org