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Postabortion Care Global Resources:

A Guide for Program Design, Implementation, and Evaluation

This publication was made possible by support from the United States Agency for International Development to the Health Communication Partnership under the terms of Grant No.GPH-A-00-02-00008-00.

Acknowledgements

The Postabortion Care Global Resources Guide was developed through the support of the USAID Postabortion Care Working Group under the leadership of Carolyn Curtis, CNM, MSN, FACNM, Certified Nurse Midwife/Public Health Specialist. Members of the Postabortion Care Working Group who served during the development of the resource package include: Mary Vandenbroucke, James Griffin, Sarah Harbison, Amy Leonard, Gary Cook, Lily Kak, Mary Ellen Stanton, Patricia Stephenson, Willa Pressman, Khadijat Mojidi, Sandra Jordan, Barbara Seligman, Mary Jo Lazear, Marguerite Farrell, Lindsay Stewart, Julie Chitty, Maureen Norton, Shawn Malarcher, Lois Schaefer, Patricia MacDonald, Pamela Mandel, Jeannie Friedmann, Rebecca Callahan, and Dana Vogel.

The USAID PAC Working Group wishes to thank the follow contributors for providing documents for review for the Postabortion Care Global Resources Guide. Thank you for your tireless work in saving the lives of thousands of women through the delivery of postabortion care programs.

COUNTRIES

Bolivia
Dominican Republic
Egypt
Ghana
Haiti
Kenya
Malawi
Nepal Ministry of Health
Nepal Family Health Program
Philippines
Russia
Senegal
Tanzania
Uganda
Ukraine Ministry of Health
Zambia Ministry of Health

ORGANIZATIONS

American College of Nurse Midwives
California Family Health Council
EngenderHealth
Family Care International
Family Health International
Frontiers/Population Council
Georgetown University Institute of Reproductive Health
IntraHealth
Ipas
International Federation of Obstetricians and Gynecologists
Health Communication Partnership
JHPIEGO
Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs
Pathfinder
The PAC Consortium
US Department of Health and Human Services/Office of HIV/AIDS
US Department of Health and Human Services
World Health Organization

The USAID Postabortion Care Working Group would like to thank the following individuals who were the authors of the varied sections of the Postabortion Care Global Resources Guide:

What Works: A Policy and Program Guide for Postabortion Care

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Thanks to Dr. Karen Hardee (POLICY Project), Kay Wilson (POLICY Project), and Claire Wingfield (POLICY Project) for research and editorial assistance.

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The PAC Working Group would also like to thank the following individuals for their assistance in reviewing various sections of the Postabortion Care Global Resources Guide and providing invaluable comments. Without their assistance the production of this document would not have been possible!

What Works: A Policy and Program Guide for Postabortion Care

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Amy Rial (JHPIEGO)
Patricia Urquieta (CPC Bolivia)

Finally, a special thanks to our colleagues in the field who tested, shaped, and strengthened the final version of the Postabortion Care Global Resources Guide. Their contributions were invaluable!

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ACRONYMS

ACQUIRE	Access, Quality, and Use in Reproductive Health Project
ACNM	American College of Nurse Midwives
CBD	Community-Based Distributor
CPR	Contraceptive Prevalence Rate
FHI	Family Health International
FIGO	International Federation of Gynecologists and Obstetricians
FP/RH	Family Planning/Reproductive Health
HCP	Health Communication Partnership
IRH	Institute for Reproductive Health
ICM	International Federation of Midwives
JHPIEGO	A non-profit organization affiliated with Johns Hopkins University
MBP	Mother-Baby Costing Package
MCH	Maternal and Child Health
MNPI	Maternal and Neonatal Program Effort Index
MSH	Management Sciences for Health
MVA	Manual Vacuum Aspiration
NFHP	Nepal Family Health Program
OJT	On-the-Job Training
PAC	Postabortion Care
SDP	Service Delivery Points
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VA	Vacuum Aspiration
WHO	World Health Organization

CLARIFICATION OF TERMS

To facilitate use of this document, terms commonly used in establishing and maintaining quality for postabortion care (PAC) services will be clarified here. The words "standard" and "guideline" are each defined in many different ways and are sometimes even used interchangeably.

Policy

Policy is a course of action adopted by a government organization with reference to practical wisdom, convenience, or evidence to advise the course of action. A policy clearly describes the responsibility and actions to be taken in a given set of circumstances; gives directions for decision-making for a specific purpose so that action can be taken within the framework of the organization's mission and goals.

Standards

Standards are rules or principles that are used as a basis for judgment; accepted practices/performances based on environmental situation, knowledge, and resources. Standards define "quality" in operational terms. Standards state what is expected. Service standards state the organization's expectations for quality; specifies provider qualifications and minimal acceptable performance of each; denote how often the services will be offered, where services will be offered, and who will deliver services.

Guidelines

Guidelines are rules or procedures that indicate future action. Guidelines are directions or instructions that reflect policies and standards.

Protocols

Protocols are codes of conduct. The term is sometimes used interchangeably with guidelines or procedures.

Strategy

Strategy is a plan or an approach for achieving an outcome.

Sources:

PowerPoint presentation by Susheela Engelbrecht, 2003
Webster's Encyclopedic Unabridged Dictionary of the English Language
Robert H. Johnson, MD, MPH

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Introduction to the Postabortion Care Global Resources Guide

Since 1994, the United States Agency for International Development (USAID) has supported postabortion care programs in over 30 countries. In the fall of 2001, a global evaluation was done of its postabortion care programs followed by the development of a five-year strategy. The Postabortion Care (PAC) model was revised, a results framework with indicators was developed, and the Postabortion Care Global Resources Guide was identified as a key activity in the strategy to respond to the need for standardized materials.

The PAC Global Resources Guide is not meant to overhaul what currently exists in countries but rather to supplement materials that countries already have. The documents may be used in their current form or adapted as needed to your country context.

WHAT IS THE POSTABORTION CARE GLOBAL RESOURCES GUIDE?

The PAC Global Resources Guide is a compilation of basic instruments intended for policymakers and program planners who are designing or revising their current postabortion care program. Organizations that provide assistance to PAC programs worldwide may also benefit from this package. More than 600 documents were reviewed for the PAC Global Resources Guide. Each section of the Resources Guide has undergone extensive international review and field testing. The materials include:

USAID Postabortion Care Model

- Includes results frameworks and a menu of indicators for global and country programs.
- Countries should choose indicators specific to their individual program for monitoring and evaluation purposes.

"What Works: A Policy and Program Guide to the Evidence on Postabortion Care"

- Includes findings from 400 articles dating from 1990 to 2004 related to PAC. Each article has been measured against the Gray level of evidence.
- Includes research related to policy, costs, programming, and training for PAC.
- Reviews original studies and primary sources.
- Organized by the three core components of the revised USAID PAC model.
- The "Summary of Evidence" provides a centralized listing of the research summary statements. The full research compendium is found on the accompanying CD-ROM and on the website: *www.postabortioncare.org*

Policies, Service Delivery Guidelines, and Training Curricula

- Includes a listing of recommended policies, curricula and service delivery guidelines selected from more than 96 documents from 13 countries.
- Includes table of contents or summaries of all recommended documents. Full copies of the recommended documents can be found on the accompanying CD-ROM and on the website: *www.postabortioncare.org*.
- Assessment Guides to review your country's current documents for each of the following areas:
  - Policy
  - Service Delivery Guidelines
  - Training Curricula
- Research found to have "Strong Evidence" is listed at the bottom of each assessment guide to assist with the review of research for inclusion when writing or revising any of the above sections.
- A "How To" guide for using the PAC Global Resources Guide for writing or revising each of the above named sections.

Client-Provider Communication Materials

- Set of communication materials for clients, providers, communities, and health facilities, including:
  - Client brochure
  - Clinic poster
  - Provider checklist
  - WHO Medical Eligibility Criteria Wheel for Family Planning
  - Chart checklist and post-procedure record
  - Referral slip
  - Register for data collection
  - Wall chart for vacuum aspiration
  - Community meeting guide on bleeding during pregnancy
  - Radio spot

Other Tools

PAC Community Mobilization Facilitator's Manual

- Field tested in Bolivia, Kenya, Peru, Egypt, and Senegal.
- Used to reach more than 27,000 community residents regarding postabortion care.
- Adapted for use with religious leaders in Egypt (accompanying banner and teaching tools available only in Arabic with English translation for country adaptation).

"ALLOCATE" Model

- A user-friendly computer model for planning funding levels for reproductive health programs.
- Examines the linkages and interactions between family planning, safe motherhood, and postabortion care.
- Helps to answer the questions:
  - How much funding is required to achieve the goals of reproductive health action plans?
  - What goals are feasible for indicators such as unintended pregnancies, maternal mortality ratio, abortions?
  - How to best allocate available resources to best achieve these goals?

How to Use the Postabortion Care Global Resources Guide

WHEN PLANNING TO ESTABLISH OR SCALE-UP PAC SERVICES

1. **Data Gathering**
   Gather data to make population projections and family planning method, and source mix. Collect information on postabortion care, maternal health and various costing elements to determine the magnitude of the health problem and project the costs needed to address the problem. Also gather information regarding the contraceptive prevalence, total fertility rate, and abortion rates in your country.

2. **Review Research**
   Review the *Summary List of Evidence* in "What Works: A Policy and Program Guide to the Evidence on Postabortion Care." This will provide a quick listing of summary statements of research findings for each component of the USAID PAC model as well as policy, program, and systems issues in postabortion care. The summary statements are listed with page numbers to enable the reader to easily find the research that supports each statement. The summary statements have been evaluated against the Gray Level of Evidence by the authors based on the research reviewed for each statement. The level of evidence has been determined as:
   - Strong Evidence
   - Enough Evidence for Action
   - Enough Evidence, Needs More Research
   - Needs More Research

   This will provide **evidence-based** information for recommendations and interventions to be used as appropriate for your country's situation.

3. **Evaluate Policies, Service Delivery Guidelines, Training Curricula, and Client-Provider Communication Materials As Needed**
   The PAC Global Resources Guide has ***Assessment Tools*** to evaluate national policies, service delivery guidelines, training curricula, and client-provider communication materials. You may choose to work on only one area or a number of areas. The following instructions will apply to any of the areas that you choose to work on.

   a. Review the section with recommendations/considerations.

   b. Review your current documents and see if they include the items that are checked in the criteria box pertinent to the area that you are working on (Policy, Service Delivery, Training, or Client-Provider Communication).

c. Use the ***Assessment Tools*** to evaluate the strengths and identify gaps in your document(s).

d. Conduct a seminar for decision-makers to introduce or update their knowledge regarding the magnitude of maternal mortality related to spontaneous or unsafe abortion, CPR, and TFR. Review current recommended practices for managing complications of incomplete abortion or spontaneous abortion and the use of family planning to prevent unplanned/ unintended pregnancies.

3. **Review and Revise Client-Provider Communication Materials**

Existing client-provider materials related to PAC (such as pamphlets and posters) should be gathered and inventoried by a working group that includes behavior change communication specialists. The list of existing materials should be compared with the set of materials contained in the PAC Global Resources Guide. This will help identify materials that are not already available and assist the working group in building a comprehensive set of PAC client-provider materials.

a. Review existing materials to ensure that medical information is accurate and reflects the most recent research findings and guidelines.

b. Adapt the client-provider materials in the PAC Global Resources Guide based on the local context, audience, and project needs. Adaptations should be pretested with the intended audience(s) prior to production.

Each section of the PAC Global Resources Guide contains additional instructions.

USAID PAC Model, Results Framework, and Global and Country Indicators

CORE COMPONENTS OF THE USAID PAC MODEL

The original concept for postabortion care was first articulated by Ipas in 1991 and published by the PAC Consortium in 1994. The original model for PAC included three elements:

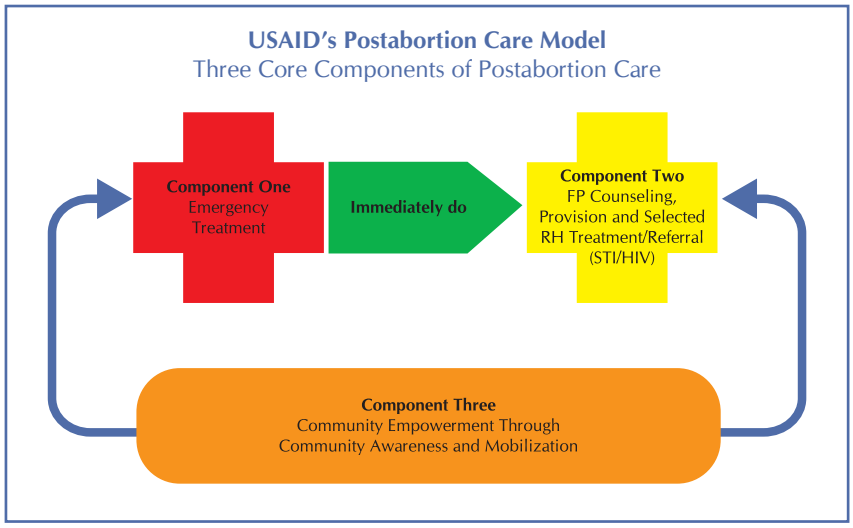
- emergency treatment for complications of spontaneous or induced abortion;
- postabortion family planning counseling and services; and
- linkages between emergency care and other reproductive health services.

In 2002, the PAC Consortium modified and expanded the original PAC model based on experience gained and lessons learned. The model was expanded from three to five elements to include elements on counseling and community involvement.

To reflect the concerns of the PAC Consortium that placed additional emphasis on counseling and community, in 2004, USAID revised its PAC model and preferred to use a three-component model for PAC, as it is easier to market and describe. This model includes the following components:

- emergency treatment for complications of spontaneous or induced abortion;
- family planning counseling and service provision, sexually transmitted infection (STI) evaluation and treatment, and HIV counseling and/or referral for HIV testing; and
- community empowerment through community awareness and mobilization.

This model is not very different in substance from the PAC Consortium's five-element model (the FP and RH elements have been combined into one element in USAID's model and there is no separate element for counseling). Counseling and client–provider interaction are integral to all components of postabortion care. The focus is placed on family planning counseling to facilitate the integration of family planning service delivery into emergency treatment services.



COMPARISON OF THE USAID PAC CORE COMPONENTS, PAC CONSORTIUM'S ESSENTIAL ELEMENTS OF PAC, AND THE USAID GLOBAL AND COUNTRY RESULTS FRAMEWORKS AND INDICATORS

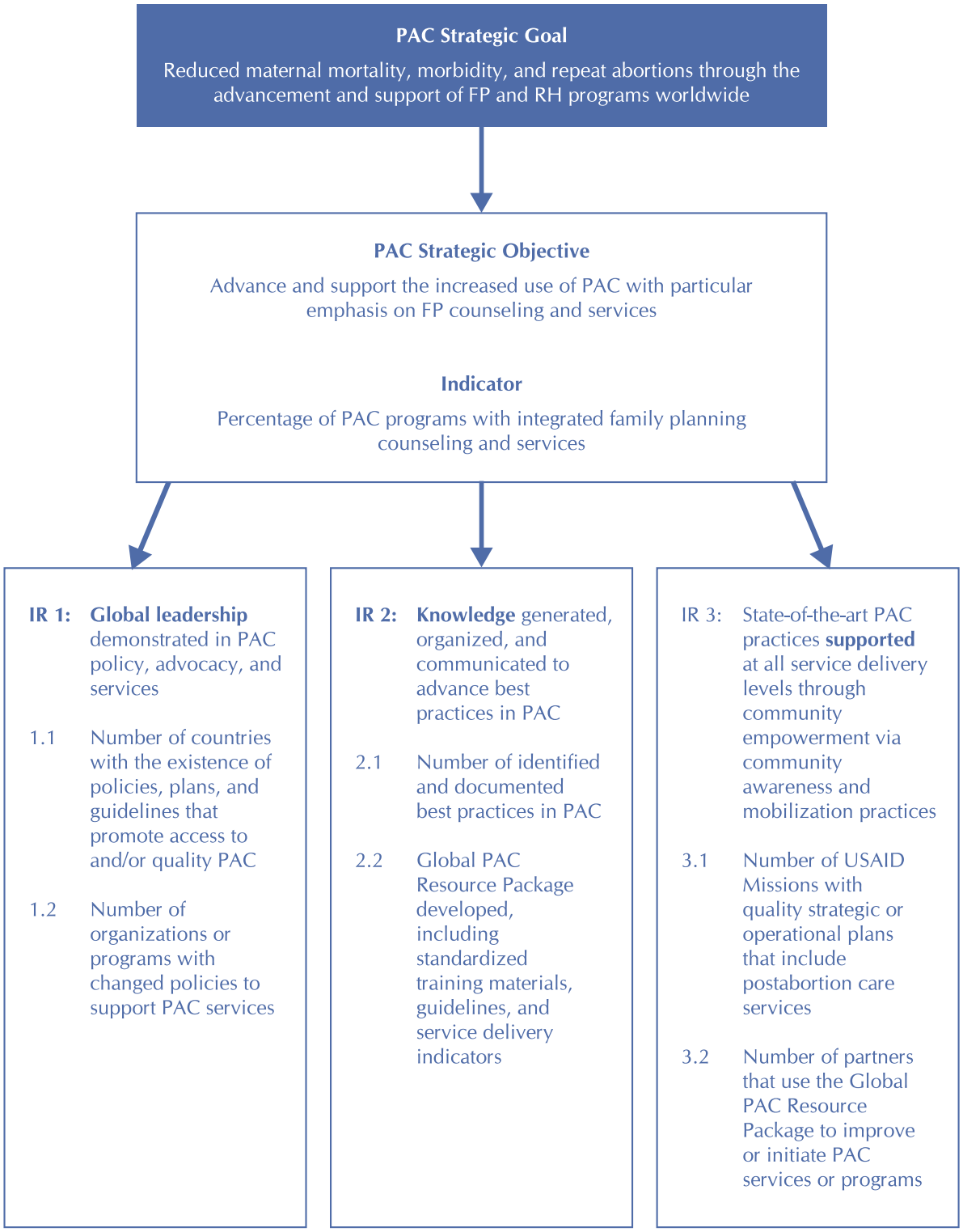
In 2002, the Postabortion Care Consortium expanded the original concept of postabortion care that was first articulated by Ipas in 1991. Per the PAC Consortium, the essential elements of postabortion care are based on a continuum of care approach. These essential elements of postabortion care encompass indicators of the USAID Country Results Framework only; these elements do not include indicators noted in the Global Results Framework.

Indicators in the USAID Country Results Framework included in the essential elements of postabortion care include IRs 1.2, 1.3, 1.4, and IR 3. The core components of postabortion care as articulated by USAID include all the elements of the PAC Consortium's essential elements. A comparison of the models is shown in the following table.

	PAC Consortium Essential Element 1 Community and service provider partnerships	**PAC Consortium Essential Element 2** Counseling	**PAC Consortium Essential Element 3** Treatment of incomplete and unsafe abortion	**PAC Consortium Essential Element 4** Contraceptive and FP services	**PAC Consortium Essential Element 5** Reproductive and other health services
USAID Core Component 1 Emergency treatment		X	X		
USAID Core Component 2 FP counseling and service delivery; evaluation and treatment for STI; and counseling or referral for HIV/AIDS counseling and testing		X		X	X Services limited to evaluation and treatment for STI and counseling and/or referral for HIV counseling and testing
USAID Core Component 3 Community empowerment through community awareness and mobilization	X	X			

GLOBAL RESULTS FRAMEWORK AND INDICATORS

(Indicators adapted from MEASURE Evaluation)



COUNTRY RESULTS FRAMEWORK AND INDICATORS

(Indicators adapted from MEASURE Evaluation)

PAC Strategic Goal

Reduced maternal mortality, morbidity, and repeat abortions through the advancement and support of FP and RH programs worldwide

PAC Strategic Objective

Advance and support the increased use of PAC with particular emphasis on FP counseling and services

Indicators

1. In sites where emergency treatment is not available, the number of women triaged and referred for PAC emergency treatment in the past year
2. Number of women provided emergency PAC treatment during the past year
3. Of those women receiving PAC services during the past year, the percentage of women who received family planning counseling prior to leaving the facility
4. Of those women receiving PAC services during the past year, the percentage of women who received a family planning method prior to leaving the facility
5. Of those women receiving PAC services during the past year, the percentage of women referred for a family planning method prior to leaving the facility

IR 1: PAC expanded and supported through service delivery

1.1 Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years

1.2 Percentage of service delivery points providing PAC services that meet a defined standard of quality care

1.3 Percentage of PAC clients who receive STI/HIV/AIDS services during a given visit

1.4 Percentage of clients served by PAC programs who are members of vulnerable or underserved populations

IR 2: PAC policy and advocacy supported and advanced

2.1 Number of communities involved in PAC policymaking

2.2 Number of service delivery points where PAC service activities are incorporated into standard protocols

2.3 Number of service delivery points where PAC service activities are incorporated into budgets

IR 3: PAC services expanded and supported through community empowerment via community awareness and mobilization

3.1 Number of NGO/faith-based organization (FBO)/community-based organization (CBO) networks or coalitions providing PAC services

3.2 Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC

3.3 Number of communities that have an established transport plan for obstetric emergencies

3.4 Percentage of men and women aged 15-49 who can cite one danger sign of an obstetric emergency

3.5 Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs

COMMENTARY FOR THE USE OF PAC GLOBAL AND COUNTRY INDICATORS

(From the 2004 USAID PAC Strategy)

Global Indicators	*Intermediate Result*	*Page #*
Number of countries with existence of policies, plans, and guidelines that promote access to and/or quality postabortion care.	IR 1.1	39
Number of organizations or programs with changed policies to support PAC Services.	IR 1.2	41
Number of identified and documented best practices in PAC.	IR 2.1	42
Global PAC Resource Package developed, including standardized training materials, guidelines, and service delivery indicators.	IR 2.2	43
Number of USAID Missions with quality strategic or operational plans that include postabortion care services.	IR 3.1	44
Number of partners that use the Global PAC Resource package to initiate or improve PAC services or programs.	IR 3.2	45

Country Indicators	*Indicator #*	*Page #*
In sites where emergency treatment is not available, number of women triaged and referred for PAC emergency treatment in the past year.	1	48
Number of women provided emergency PAC treatment during the past year.	2	49
Of those women receiving PAC services during the past year, the percentage of women who received family planning counseling prior to leaving the facility.	3	50
Of those women receiving PAC services during the past year, the percentage of women who received a family planning method prior to leaving the facility.	4	51
Of those women receiving PAC services during the past year, the percentage of women referred for a family planning method prior to leaving the facility.	5	52

Country Indicators (continued)	Intermediate Result	Page #
Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years.	IR 1.1	53
Percentage of service delivery points (SDPs) providing postabortion care services that meet a defined standard of quality care.	IR 1.2	54
Percentage of PAC clients who receive STI/HIV/AIDS serviced during a given visit.	IR 1.3	55
Percentage of clients served by PAC programs who are members of vulnerable populations or underserved populations.	IR 1.4	56
Number of communities involved in PAC policymaking.	IR 2.1	57
Number of service delivery points where postabortion care service activities are incorporated into standard protocols.	IR 2.2	58
Number of service delivery points where postabortion care service activities are incorporated into budgets.	IR 2.3	59
Number of NGO/FBO/community-based organizations (CBO) networks or coalitions providing PAC services.	IR 3.1	60
Number of communities with established referral systems between the community and primary, secondary and tertiary resources for PAC.	IR 3.2	61
Number of communities that have an established transport plan for obstetric emergencies.	IR 3.3	62
Percentage of men and women age 15 - 49 who can cite one danger sign of an obstetric emergency.	IR 3.4	63
Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of the programs.	IR 3.5	64

Postabortion Care Research

As countries initiate or scale up postabortion care programs, it is critical that interventions be evidence-based. The PAC research compendium entitled "What Works: A Policy and Program Guide to the Evidence on Postabortion Care" functions as the foundation for building solid evidence-based programs. When compiling the research compendium, more than 400 documents from 1994 through 2004 were reviewed and evaluated against Gray's Level of Evidence to determine the strength of the evidence Gray (1997) lists the five strengths of evidence in research as noted in the accompanying table.

Gray's Level of Evidence

Type	*Strength*
I	Strong evidence from at least one systematic review of multiple well-designed, randomized controlled trials.
II	Strong evidence from at least one properly designed, randomized controlled trial of appropriate size.
III	Evidence from well-designed trials without randomization, single group pre-post, cohort, time series, or matched case-control studies.
IV	Evidence from well-designed, non-experimental studies from more than one center or research group.
V	Opinions of respected authorities, based on clinical evidence, descriptive studies, or reports of expert committees.

Following is a summary listing of evidence-based postabortion care practices that were found to be "Strong Evidence" when compared to the Gray Level of evidence. These key practices should be considered for inte-gration into your postabortion care program. A listing of pertinent research findings is also found on each assessment guide for Policy, Service Delivery Guidelines, and Training to assist in the review of the research and the inclusion of evidence-based practices when writing or revising these documents.

"What Works: A Policy and Program Guide to the Evidence on Postabortion Care" can be found in its entirety on the enclosed CD and on the website: *www.postabortioncare.org*. A Summary Listing of the evidence of all the research findings can be found in the back of the research compendium.

STRONG EVIDENCE

Emergency Treatment

- Vacuum aspiration (VA) (electric, footpump, manual vacuum aspiration) is as effective as sharp curettage for the treatment of incomplete abortion.

- VA (electric and manual vacuum aspiration) is associated with less bleeding than sharp curettage.

- Using manual vacuum aspiration (MVA) for PAC instead of sharp curettage along with associated changes in protocols and an improved service delivery model can significantly reduce costs of care in most cases.

- Use of misoprostol to evacuate the uterus after early pregnancy failure can:
  - Completely evacuate the uterus 50 to 96 percent of the time if given orally or vaginally, and is more effective than expectant management in reducing the need for surgical intervention.
  - Be administered orally, sublingually, or vaginally with good results; however optimal dose/route combinations have not been firmly established.
  - Have side effects including chills, fever, nausea, vomiting, diarrhea and headache, but are generally mild and self-limiting.
  - Cause slightly more blood loss in women experiencing first trimester pregnancy failure compared to women treated with surgical evacuation, but the difference is not clinically significant.

Pain Management

- Women require pain management for emergency treatment with sharp curettage and VA.

- The evidence on the effectiveness of paracervical block using 1% lidocaine on pain reduction is conflicting.

- Neither the paracervical block technique nor psychological support alone is sufficient in pain management for PAC patients undergoing MVA.

- The use of systemic analgesia with sharp curettage for incomplete abortions with dilated cervix up to 14 weeks is safe, effective, has a smaller chance of requiring a blood transfusion, and does not require the use of the operating theater.

- The use of general anesthesia with suction curettage is associated with increased risks of blood loss, cervical injury, uterine perforation, and subsequent abdominal hemorrhage.

Postabortion Family Planning Counseling and Services

- Postabortion family planning (FP) counseling and services reduces repeat abortions.

- Use of dedicated FP nurse/counselors as compared to FP referrals for contraceptives can increase immediate contraceptive acceptance for PAC patients.

- PAC delivery models that offer FP counseling and methods at the same location where the woman receives emergency treatment can increase the proportion of women leaving with a contraceptive method; and result in fewer unplanned pregnancies, and a reduction of repeat abortions one year later.

- Women who experience either induced or spontaneous abortion and desire another pregnancy should wait at least six months before becoming pregnant again to reduce the incidence of maternal anemia, premature rupture of membranes, low birth weight and preterm delivery in the next pregnancy.

- Use of IUDs in the immediate postabortion period is safe.

Male Involvement with Counseling and Family Planning Service Delivery

- Hospital policies that ban men from obstetrical and gynecology wards make it difficult for male involvement and discourage male participation.

- Many women want their husbands/partners present for counseling, to be informed about their conditions, treatment they are receiving, follow-up care, and family planning methods they intend to use.

- Many male partners want more information about their partners' conditions during PAC and more information on family planning.

- Counseling husbands of PAC patients on follow-up care, return to fertility, and family planning can increase family planning usage and physical, material, and emotional support for PAC patients during recovery.

Reducing the Incidence of Spontaneous Abortions

- Women are at an increased risk for spontaneous miscarriage if they:
  - Experience physical violence during pregnancy.
  - Are HIV positive.
  - Have malaria during pregnancy.
  - Smoke cigarettes or exposed to smoke during pregnancy.
  - Drink high levels of caffeine during pregnancy.
  - Have bacterial vaginosis.
  - Are exposed to environmental contamination including pesticides and fungicides.

Abuse and Psychological Sequelae

- Women may report suffering negative psychological effects after a spontaneous or induced abortion.

- Between 27 and 39 percent of women seeking abortion have been victims of abuse sometime during their lifetime.

In-Service Training

- Providing contraceptive technology updates, counseling workshops and in-service training in PAC can:
  - Increase the number of PAC patients who report that they received important information on their care and FP options;
  - Increase the number of PAC patients who leave with a FP method regardless of whether MVA or sharp curettage is used; and
  - Improve the quality of care.

- Training increases physician satisfaction with MVA.

- Training midwives to counsel PAC patients on FP, STIs/HIV and nutrition (in addition to midwives undertaking other aspects of PAC, including emergency treatment using MVA) can increase counseling on these topics.

Systems Issues for Delivering PAC Services

- Allowing trained midwives to provide PAC (using MVA) will help increase access to PAC services.

- Health policy changes, the development and dissemination of protocols and service delivery guidelines for PAC, and the reorganization of services are needed to institutionalize PAC in hospital settings or provide PAC as an outpatient procedure.

- PAC services are needed even where abortion is legal.

RECOMMENDED DOCUMENT

Document Name: What Works: A Policy and Program Guide to the Evidence on Postabortion Care

Date: February 2007

Summary: This guide provides a summary of the evidence that documents the effectiveness of various interventions. The modules provide information complementary to the biomedical information from clinical studies in the WHO Reproductive Health Library, based on the Cochrane Collaboration. This guide also adds to the ongoing work on best practices in reproductive health. It draws on unpublished reports to supplement the research published in peer-reviewed publications because of the limited amount of published literature on PAC. Biomedical information is included insofar as it is relevant to programmatic considerations. The modules in this guide categorize these interventions by those that are effective, those that may be on the cutting edge but for which sufficient evidence has not yet been gathered, and common interventions that are not effective. This guide includes policy and program issues related to reproductive health. Most evidence cited in the guide comes from studies in developing countries; however, when such research was not available, evidence from developed countries was included. This guide will be useful to those developing guidelines for best practices.

Relevant PAC Content

I. Emergency Treatment
- A. Privacy and Confidentiality in History and Physical Assessment
- B. Triage
- C. Medical Treatment

II. Family Planning Counseling and Service Delivery, STI Evaluation and Treatment, and HIV Counseling and/or Referral for Testing
- A. Postemergency Treatment Counseling (Pre, during, and post-treatment counseling)
- B. Male Involvement with FP Counseling and FP Service Delivery
- C. STI Evaluation and Treatment
- D. HIV Counseling and Treatment
- E. Other Counseling Concerns Related to Postabortion Care

III. Community Empowerment through Community Awareness and Mobilization
- A. Health Promotion for PAC
- B. Reducing the Incidence of Induced and Spontaneous Abortions Can Reduce the Need for PAC

(continued)

Relevant PAC Content *(continued)*

IV. Policy, Program, and Systems Issues in Postabortion Care

A. Provider Training for PAC
B. Systems Issues for Delivery of PAC Services
C. Increasing Access to Care, Including Types of Facilities that Provide PAC
D. Ensuring Quality Care (including use of on-site quality improvement techniques)
E. PAC for Women in Countries Where Abortion is Legal and Available
F. Integration of PAC with Emergency Obstetric Care Services at all Levels of the Health System, Including within the Health Facility
G. Scaling up and Sustainability
H. Non-training Contributions to Establishing and Supporting PAC

Summary List of Evidence

Postabortion Care Policies

A policy environment is composed of many elements, including laws and policies, the will of leaders to address problems, the mobilization of materials and financial resources at the national and local levels, the impetus for action to implement solutions, institutional structures to ensure long-term and sustainable programs, and support among key stakeholders in the public and private sectors and civil society.[1]

Function

- The government's official statement about standards for postabortion care services.
- A management tool for achieving standards.

Characteristics

- Be evidence-based.
- Reflect individual client demands, the community's perceived needs and the overall healthcare situation in the country.

Policy guidelines describe:

- which services are to be officially offered;
- who may receive these services (e.g., any income restrictions);
- who will deliver the services (i.e., categories of healthcare providers);
- where these services will be delivered (i.e., at what level of the healthcare system);
- how often certain services are to be delivered (e.g., how many antenatal care visits); and
- what the minimal acceptable level of performance is for each service offered.

National and local policies can be developed or refined to:

- Provide comprehensive postabortion care that includes counseling on, and provision of, contraceptive methods and referrals to other reproductive and health services;
- Eliminate economic, age, marital status, and consent barriers to PAC, contraceptive services, including back-up methods, HIV and STI prevention and risk assessment information and/or referral;
- Provide information on the risks of unsafe abortion;
- Eliminate the fear of prosecution for providing life-saving care to women presenting with signs of incomplete abortion; and
- Active dissemination of policies to facilitate change in practices.

[1] *Issues in Postabortion Care: Scaling-Up Services in Francophne Africa*, Conference Report, 2004; SARA/AED/USAID.

Policy guidelines do not contain the technical information needed to provide services; rather, they serve as a general outline for the provision of services. Periodic reviews should be done (every 2-3 years recommended) to ensure that practices are current and safe based on scientific evidence.

Note:
Many of the documents reviewed for this section were entitled "policy(ies) and standards" and others were entitled "PAC strategies."

Criteria Used in the Review of Policy Documents

- Define abortion, postabortion care, and comprehensive postabortion care.
- Are rights-based addressing barriers to accessing services.
- Provide general guides for articulating the standards for assuring quality services.
- Ensure the greatest access for all women to services regardless of age.
- Articulate how, if at all, reproductive health strategies including PAC fit into Sector-Wide approaches (SWAP)/Health Sector reform.
- Facilitate budgetary allocations for services within the overall health budget, including commodities and equipment.
- Facilitate articulation for basic and continuing education, and re-credentialing of providers.
- Provide guidance for community participation.

HOW TO USE THE RESOURCE GUIDE FOR WRITING NATIONAL POLICIES

If policy items are needed:

1. Review the recommended sample policy document(s) and policy template in the Global Resources Guide for issues that may need to be addressed to craft the necessary policy statements.

2. Explore credentialing requirements for the expanded practices for nurses and midwives related to PAC service delivery and develop strategies for facilitating the process for expanded practice.

3. Draft policy statements and follow your setting's procedure for approval, dissemination, and implementation.

If policy items are incomplete or need to be updated:

1. Review findings of the Assessment Guide for PAC policy and recommended sample policy documents in the Global Resources Guide to identify additional issues that need to be addressed in the current policy.

2. Draft the missing policy statements and follow your setting's procedure for incorporating additions, dissemination, and implementation.

If you want to project costs for postabortion care programs:

1. Gather data to make population projections, family planning method and source mix. Collect information on postabortion care, maternal health, and other costing elements. This data will include:
   - Base year population
   - Fertility data
   - Mortality data
   - International migration data
   - Scores from recent Maternal and Neonatal Program Effort Index (MNPI)
   - Unit costs for various service-delivery interventions, based either on implementing the World Health Organization's Mother-Baby Costing Package (MBP) or from other data sources containing cost information
   - Other expenditures on maternal health–related activities such as policy efforts and general training
   - Other socioeconomic variables such as primary enrollment rates
   - Data describing the use of family planning in the country
   - Data about the use, effectiveness, and costs of the different contraceptive methods and services
   - Percent of abortions that are legal
   - Percent of abortions that need treatment
   - Percent of all maternal deaths due to abortions
   - Relative risk of mortality for untreated vs. treated abortions
   - Unit costs and total expenditures for post-abortion care, including FP costs

2. Complete the following three modules of Spectrum to utilize the Allocate summary screen:
   - DemProj
   - SMM (Safe Motherhood Model)
   - FamPlan

   The Spectrum models can be obtained at: *www.futuresgroup.com*

3. Review the Allocate Version 1 manual to become acquainted with how to use this tool.

4. Request technical assistance from the Constella-Futures group as needed.

TEMPLATE FOR POLICY DOCUMENTS

A policy document should include the following information:

- Background and rationale
- Goal, objectives, and scope of services (actual components to be included in the service)
- General guidelines and procedures at each level of health care (outline)
- Responsibilities within each level of the health care system (national, regional, district/provincial, and beyond)
- Quality assurance
- Health financing/insurance
- How supplies and contraceptive commodities will be procured and paid for
- Identification of the Working or Advisory Group
- Effective date and subsequent periodic review time frames. The recommended review time frame is every 2-3 years.

PAC POLICY ASSESSMENT TOOL

Instructions:

- Persons working to develop or update policies should include representation from central level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors.

- Review current RH policies and answer the questions below. For each "no" answer, the members of the working group will need to discuss and draft policy statements to support PAC services based on evidence and on the country setting.

Does the PAC Policy:	*YES*	*NO*
1. Provide general guidelines for services?		
2. Articulate the standard for services?		
3. Articulate a commitment to ensure access for all women?		
4. Tell health managers and providers which services should be available?		
5. Specify how often and under what conditions services are provided?		
6. Articulate where the services are to be delivered?		
7. Articulate who is eligible for the services? Who are "priority groups"?		
8. Articulate which related health departments should interface with PAC services?		
9. Identify which cadre of health personnel delivers specific components of PAC services?		
10. Articulate expanded practices of clinical officers, midwives, and nurses for PAC service delivery?		
11. Require budgetary allocations for services within the overall health budget?		

STRONG EVIDENCE FOR PAC POLICY

- Health policy changes, the development and dissemination of protocols and service delivery guidelines for PAC, and the reorganization of services are needed to institutionalize PAC in hospital settings or provide PAC as an outpatient procedure.

- Allowing trained midwives to provide PAC (using MVA) will help increase access to PAC services.

- Women are at an increased risk for spontaneous miscarriage if they experience physical violence during pregnancy.

RECOMMENDED POLICIES

Document Name: Communiqué Law #2426

Source Ministry of Health, Bolivia

Date: July 2003

Summary: Memo for directors and administrators of public hospitals. States that facilities must procure and maintain the equipment necessary for PAC services consistent with the SUMI (universal maternal and infant insurance).

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Document Name: Bolivia Supreme Decree #25265

Source Government of Bolivia

Date: December 1998

Summary: Describes Basic Health Care in 5 of 17 articles. Promotes preventive and curative services to reduce maternal and infant morbidity and mortality.

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Document Name: Ministerial Resolution #0133

Source Ministry of Health, Bolivia

Date: March 1999

Summary: Sets the overall scope of the government's obligation to protect the health and well-being of the Bolivian population and introduces Law #1788, Article 11 of the Bolivia Health Code that refers to the norms, supervisions, and evaluation of the national health care system for improving the quality of health services consistent with the Strategic Health Plan.

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Document Name: Administrative Order #45-B: Prevention and Management of Abortion and its Complications (PMAC) Policy

Source Department of Health, Philippines

Date: May 2000

Summary: Includes the scope of PAC services, general guidelines, PAC procedure, and responsibilities at each level of the health care system and a general statement on quality assurance.

• • •

Document Name: Reproductive Health Policy

Source Ministry of Health & Population, Malawi

Date: February 2002

Summary: Establishes a framework for the implementation of Malawi's Reproductive Health Program. Policy statements embrace reproductive and sexual rights, promote male involvement, and protect clients from being denied access to services; acknowledge that RH strategies, guidelines, and practices will be evidence-based; ensure RH services will be provided in an integrated manner; RH services will be monitored and evaluated to the set National standards; promote behavior change communication for RH, including information for pre/post menopausal women; promote HIV counseling and testing, Family Life Education in families, primary schools and all levels of education; and, promote the sharing of these policy and guidelines documents with stakeholders and entities providing RH services.

Relevant PAC Content

Topic	*Page Number*
Overall Goal & Objectives of Sexual & Reproductive Health Programme	2
Reproductive Health Policy	4
Policy Implementation Plan	13

• • •

Document Name: National Adolescent Health Policy

Source Ministry of Health, Uganda

Date: 2000

Summary: A national policy on adolescent health that focuses on relevant interventions and activities geared towards concerns for adolescent health.

Relevant PAC Content

Topic	*Page Number*
1.0 Preamble	1
2.0 Rationale	3
3.0 Population and Health Profile	5
4.0 Components and Implication of Adolescent Health	8
4.1 Defining the Components of Adolescent Health	8
4.2 Adolescent Sexuality	8
4.3 Fertility Concerns	8
4.3.1 Contraception	8
4.3.2 Unwanted Pregnancy	8
4.3.3 Unsafe Abortion	9
4.3.4 Care of the Pregnant Adolescent	9
4.4 STIs & HIV/AIDS	9
4.5 Harmful Traditional Practices	10
4.13 Socio-Economic Consequences	12
5.0 Goal, Objectives, Beneficiaries, and Targets	13
6.0 Strategies	18
7.0 Institutional Framework	22
8.0 Monitoring and Evaluation	29
9.0 Conclusion	30

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Postabortion Care Strategies and Standards

PAC STRATEGIES

Function

- Strategies express the approaches designed to address the health interventions needed to reduce morbidity and mortality associated with incomplete abortion and its complications.

Characteristics

When writing country PAC strategies, the following should be assessed:

- The country context (i.e., geopolitical profile and health care delivery system);
- The magnitude of the problem (policy, advocacy, training, service delivery, management and supervision of services, and community participation); and
- The description of the corrective activities that will be undertaken based on identified gaps.

In some strategy documents, activities may flow from a strategic vision to a goal statement and then to objectives. The strategies may include guidance for PAC service sustainability, including contraceptive security, supply of necessary equipment for PAC services, monitoring and evaluation, and research. Strategies for postabortion care can be found in both RH strategies as a basic component for reproductive health or in emergency obstetrical care as an extension of basic emergency obstetrical care.

PAC STANDARDS

Standards should articulate the expected services to be performed and what cadre of personnel will perform the services such as:

- Who will deliver which aspect(s) of PAC service (health professionals, auxiliary health personnel, non-medical providers such as community-based distributors (CBD) for FP distribution or traditional birth attendants (TBA) for prevention);
- Who is eligible for services (e.g., all women presenting with signs of incomplete abortion regardless of age);
- Which health departments will interface with PAC services;
- Who are the priority-service groups (e.g., youth);
- Where will the services be delivered and at what levels of care;
- How often and under what conditions are services to be provided; and
- How services should be managed and supervised to ensure quality.

RECOMMENDED STRATEGY

Document Name: National Postabortion Care Strategy

Source Ministry of Health, Malawi

Date: January 2004

Summary: The Ministry of Health and Population would like to improve and expand postabortion care services in the country. To assist in the implementation of PAC services a specific policy statement on PAC has been developed and is incorporated into the sexual and reproductive health policy document which is under development.

The objectives of the National Postabortion Care Program are:

1. To raise awareness of the magnitude of the problem of incomplete abortion and its complications and the availability of postabortion care services (PAC);
2. Increase accessibility of PAC services in an integrated SRH program;
3. Provide quality PAC services; and
4. Establish a sustainable system for providing PAC services.

Relevant PAC Content

Topic	*Page Number*
Policy	3
Advocacy	4
Community Participation	5
Service Delivery	6
Training	8
Behavior Change Communication	9
Logistics/Management	9
Monitoring/Evaluation	10
Sustainability	10
Research	11

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RECOMMENDED STANDARDS

Document Name: Post-abortion Care Performance Standards for Health Providers (Kenya)

Source PRIME II

Date: April 2000

Summary: These PAC Performance Standards for Primary Health Providers have been developed primarily for nurses/midwives who have been trained in PAC. These standards however are not restrictive and should be employed by other health care providers who have been trained to provide PAC services. Various health care groups may use these standards, including PAC providers, supervisors, trainers, and program managers.

In 2003, the Tanzania Ministry of Health updated these standards in their "Comprehensive Post-Abortion Care: Performance Service Standards" document.

Relevant PAC Content

Topic		*Page Number*
Standard 1:	PAC provider organizes the health facility to provide quality PAC services	3
Standard 2:	PAC provider is a qualified health practitioner	4
Standard 3:	PAC provider upholds and fulfills client's rights	4
Standard 4:	PAC provider ensures positive interaction between him- or herself and the client/relative and with other members of the health team	5
Standard 5:	PAC provider performs procedures for control and prevention of cross infection	6
Standard 6:	PAC provider offers quality emergency and non-emergency treatment to clients	7
Standard 7:	PAC provider documents and reports accurately information on PAC clients	10
Standard 8:	PAC provider ensures that clients treated receive after-care guidance	11
Standard 9:	PAC provider establishes a referral mechanism for clients needing services not provided at the facility and/or for specialized care	12
Standard 10:	PAC provider keeps updated in reproductive health services	13
Standard 11:	PAC provider conducts on-the-job training (OJT) for all the facility staff on applying the PAC elements	13
Standard 12:	PAC provider carries out community outreach services	14

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Document Name: Manual of Norms, Rules, Protocols, and Technical Procedures for Management of Hemorrhage in the First Half of Pregnancy

Source Ministry of Health, Bolivia

Date: 2004

Summary: This consensus document includes definition of terms; responsibilities for PAC at each level of care in the health system; objectives of PAC; and protocols and procedures in the delivery of quality PAC services, including infection prevention and recordkeeping forms.

Relevant PAC Content

Topic	*Page Number*
1. Levels of Attention and Functions of Health Personnel	17
2. Objectives and Rules	27
3. Protocols and Procedures	29
4. Infection Prevention	55
Annex: Registry for Hemorrhagic Complications in the First Half of Pregnancy	67

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Postabortion Care
Service Delivery Guidelines

Function

Service delivery guidelines should be developed to reflect national policies and standards. They contain the detailed technical information that health care providers will need to implement the national policy guidelines as they provide patient care.

Criteria Used in the Review of Service Delivery Guidelines

- Identify equipment, drugs, and supplies for provision of PAC services by the type of health care facility.
- Provide steps for the performance of PAC including referral and documentation of services.
- Provide the complete range of management options for incomplete abortion (expectant, medical, and surgical).
- Provide steps for all approved methods of uterine evacuation available, e.g., manual, pedal, electric pump, dilatation and curettage.
- Articulate postabortion counseling content to include risk assessment for future fertility desires, HIV and STI, anemia, and malaria.
- Provide steps for the management of complications related to incomplete abortion.
- Provide steps for facilitating community-provider partnership and community action (e.g., recognition of complications, first aid, transport, funding schemes).
- Provide instructions for maintaining equipment, drugs, and supplies for PAC service delivery.
- Provide instruction for infection prevention practices for delivery of safe PAC services.
- Provide guidance for management, logistics, and supervision, including performance assessment tools.
- Provide monitoring and evaluation indicators, guidance for completing recordkeeping forms; guidance for what data is appropriate for various audiences (e.g., policy personnel, provider, and supervisors), and guidance for the use of service delivery data for decision-making.

Note:

The PAC model now includes STI evaluation and HIV counseling and/or referral for counseling and testing dependent upon country prevalence and available resources (human and financial). Should your country decide to include STI and HIV services, then the service delivery guidelines must include the prevention and management of STI, HIV, and AIDS for clients receiving care. Service delivery guidelines should be consistent with the facility's capacity and available referral options for STI evaluation and treatment and HIV counseling and testing.

HOW TO USE THE RESOURCE GUIDE FOR WRITING OR REVISING SERVICE DELIVERY GUIDELINES

1. Review the recommendations for Service Delivery Guidelines.

2. Compare the content of your service delivery guidelines to the items that are checked in the Service Delivery Guidelines criteria box.

3. Use the PAC Service Delivery Guidelines Assessment Tool to review your current service delivery guidelines to evaluate strengths and identify gaps.

If Service Delivery Guidelines need to be developed, are incomplete, or need to be updated:

1. Review the samples of recommended service delivery guideline documents in the PAC Global Resources Guide. This will provide you with ideas for discussion with clinic personnel, training and supervisory personnel including staff from referral facilities.

2. Formulate a team to adapt sample service delivery guidelines that are relevant to your geographic and medical system setting.

3. Check the research findings in the "What Works" research compendium to ensure that current evidence based practices are incorporated. Eliminate unnecessary or harmful practices to the client; and include husbands/partners of postabortion care clients.

4. Draft or adapt the missing service delivery guidelines and follow your setting's procedure for incorporating additions, dissemination, and implementation changes.

PAC SERVICE DELIVERY GUIDELINES ASSESSMENT TOOL

Instructions:

- Persons working to develop or update service delivery guidelines should include representatives from central-level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors. Representatives from housekeeping, pharmacy, central supplies, and departments to which clients may be referred should also be involved.

- Review current guidelines for reproductive health and/or emergency obstetrical care service delivery and answer the questions below. For each "no" answer, the members of the working group will need to discuss, adapt their own guidelines based on the recommended samples, or draft guidelines based on evidence and country setting.

Do the PAC Service Delivery Guidelines:	*YES*	*NO*
1. Identify the cadre of health personnel and their specific tasks for the provision of PAC service within the 3 components? **a.** Emergency Treatment **b.** Family Planning Counseling and Service Delivery (if countries plan to provide STI evaluation and HIV counseling and/or referral for testing, this also needs to be included) **c.** Community empowerment through community awareness and mobilization		
2. Articulate the standard for services? • Provide steps for the performance of PAC related procedures to the approved standard? • Initial assessment • Client-Provider Interaction and counseling • Stabilization, management, or transfer of the client • Preparation of the client for management of presenting signs and symptoms, including administration of analgesia and/or anxiolytics and emotional support • Performance of uterine evacuation • Post-procedure monitoring • Postabortion contraceptive counseling and method provision • Postabortion referral, when indicated • Infection prevention practices • Documentation of service provided *(continued)*		

Do the PAC Service Delivery Guidelines:	*YES*	*NO*
3. Provide steps for the management of complications related to incomplete abortion? • Severe bleeding • Sepsis • Shock • Uterine perforation • Air embolism • Postabortion syndrome • Fainting • Ectopic pregnancy • MVA technical difficulties		
4. Provide standards for management and supervision of PAC services? • Staff performance standards • Equipment and supplies standards • Essential drug standards • PAC procedural standards, including client transfer to higher level facility • Infection prevention standards • Standards for referral mechanism to RH and/or other health services • Standards for client flow and space layout		

STRONG EVIDENCE FOR PAC SERVICE DELIVERY GUIDELINES

- Vacuum aspiration (electric, footpump, manual vacuum aspiration) is as effective as sharp curettage for the treatment of incomplete abortion. Vacuum aspiration is associated with less bleeding than sharp curettage.

- Use of misoprostol to evacuate the uterus after early pregnancy failure:
  - Can completely evacuate the uterus 50 to 96 percent of the time if given orally or vaginally and is more effective than expectant management in reducing the need for surgical intervention.
  - Can be administered orally, sublingually, or vaginally with good results; however optimal dose/route combinations have not been firmly established.
  - Side effects of misoprostol include chills, fever, nausea, vomiting, diarrhea and headache, but are generally mild and self-limiting.
  - Women with first trimester pregnancy failure experience slightly more blood loss compared to women treated with surgical evacuation, but the difference is not clinically significant.

Pain Management

- Women require pain management for emergency treatment with sharp curettage and VA.

- There is conflicting evidence on the effectiveness of paracervical block using 1% lidocaine on pain reduction.

- Neither the paracervical block technique nor psychological support alone is sufficient in pain management for PAC patients undergoing MVA.

- The use of systemic analgesia with sharp curettage for incomplete abortions with dilated cervix up to 14 weeks is safe and effective, has a smaller chance of requiring a blood transfusion, and does not require the use of the operating theater.

- The use of general anesthesia with suction curettage is associated with increased risks of blood loss, cervical injury, uterine perforation, and subsequent abdominal hemorrhage.

- Use of dedicated FP nurse/counselors as compared to FP referrals for contraceptives can increase immediate contraceptive acceptance for PAC patients.

- PAC delivery models that offer FP counseling and methods at the same location where the woman receives emergency treatment can increase the proportion of women leaving with a contraceptive method; and result in fewer unplanned pregnancies, and a reduction of repeat abortions one year later.

- Women who experience either induced or spontaneous abortion and desire another pregnancy should wait at least six month before becoming pregnant again to reduce the incidence of maternal anemia, premature rupture of membranes, low birth weight, and preterm delivery in the next pregnancy.

- Use of IUDs in the immediate postabortion period is safe.

Male Involvement with Counseling and Family Planning Service Delivery

- Hospital policies that ban men from obstetrical and gynecology wards make it difficult for male involvement and discourage male participation.

- Many women want their husbands/partners present for counseling, to be informed about their conditions, treatment they are receiving, follow-up care, and family planning methods they intend to use.

- Many male partners want more information about their partners' conditions during PAC and more information on family planning.

- Counseling husbands of PAC patients separately on follow-up care, return to fertility, and family planning can increase family planning usage and physical, material, and emotional support for PAC patients during recovery.

Reducing the Incidence of Spontaneous Abortions

- Women are at an increased risk for spontaneous miscarriage if they:
  - Experience physical violence during pregnancy
  - Are HIV positive
  - Have malaria during pregnancy
  - Smoke cigarettes or are exposed to smoke during pregnancy
  - Drink high levels of caffeine during pregnancy
  - Have bacterial vaginosis
  - Are exposed to environmental contamination including pesticides and fungicides

Abuse and Psychological Sequelae

- Women may report suffering negative psychological effects after a spontaneous or induced abortion.

- Between 27 and 39 percent of women seeking abortion have been victims of abuse sometime during their lifetime.

RECOMMENDED SERVICE DELIVERY GUIDELINES

Document Name: Clinical Management of Abortion Complications: A Practical Guide

Source: WHO

Date: 1994

Summary: This manual is intended to assist health workers in preventing death and serious injury from abortion complications. It outlines the full range of steps in addressing life-threatening complications. It is essential to know what the steps are and to take all possible actions. This document indicates only the general direction of treatment. The guidelines should be adapted on the basis of local conditions, availability of drugs, instruments, training, national standards and regulations (e.g. which category of health workers is authorized to start IV perfusion). This manual is based on WHO's *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*.

Relevant PAC Content

Topic		*Page Number*
Chapter 1:	Initial Assessment	5
Chapter 2:	Management of Shock	11
Chapter 3:	Management of Moderate to Light Vaginal Bleeding	17
Chapter 4:	Management of Severe Vaginal Bleeding	29
Chapter 5:	Management of Intra-Abdominal Injury	35
Chapter 6:	Management of Sepsis	41
Chapter 7:	General Principles of Emergency Abortion Care	47
Annex 1:	Equipment and Facilities for Abortion Care	57
Annex 2:	Example of a Referral Form for Complications of Abortion Cases	61
Annex 3:	Emergency Resuscitation Materials	62
Annex 4:	Essential Drugs for Emergency Abortion Care	63
Annex 5:	Supplies for Surgical Uterine Evacuation Procedures	64

(continued)

Relevant PAC Content *(continued)*

Topic		*Page Number*
Annex 6:	Instruments and Equipment for First Trimester Uterine Evacuation	65
Annex 7:	Instruments and Equipment for Second Trimester Uterine Evacuation	67
Annex 8:	Instruments and Supplies for Laparotomy	68
Annex 9:	Laboratory and Blood Materials	69
Annex 10:	Manufacturers, Suppliers, and Sources of Procurement of Emergency Gynecologic Equipment	70
Annex 11:	Manual Vacuum Aspiration (MVA)	74
Annex 12:	Dilation and Curettage (D&C)	79

• • •

Document Name: National Reproductive Health Service Delivery Guidelines

Source: Ministry of Health, Malawi

Date: October 2001

Summary: This document provides the most current up-to-date knowledge and direction on the various components of reproductive health, including: quality of care, counseling, client assessment, infection prevention, family planning, reproductive health/family planning for special groups, postabortion care, adolescent reproductive health, male reproductive health, STIs, HIV/AIDS, maternal and neonatal health, prevention and management of cervical and breast cancers, infertility, and harmful RH practices. It also forms a solid foundation from which service providers at all health facility in both the public and private sectors, as well as non-governmental organizations, can launch comprehensive, high quality and standardized reproductive healthcare.

Relevant PAC Content

Topic		*Page Number*
	Summary of the National Reproductive Health Strategy	xxi
Chapter 1:	Quality of Care	1
Chapter 2:	Counselling	7
Chapter 3:	Client Assessment	11
Chapter 4:	Infection Prevention	13
Chapter 5:	Family Planning Methods	38
Chapter 6:	Postabortion Care	157
Chapter 7:	Adolescent Reproductive Health	173
Chapter 11:	Prevention of Mother-to-Child Transmission of HIV	214
Chapter 12:	Maternal and Neonatal Health (Safe Motherhood)	221
Chapter 13:	Reproductive Health/Family Planning for Special Groups	236
Chapter 16:	Infertility	260
Chapter 17:	Harmful Reproductive Health Practices	264
Appendix A:	Logistics Management	267
Appendix B:	WHO Eligibility Criteria Codes	271
Appendix C:	How to be Reasonably Sure a Client is not Pregnant	293
Appendix D:	Who Can Provide FP/RH Services and Where FP/RH Services Can be Provided	296
Appendix E:	Equipment, Supplies, and Medications for PAC Services	305

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Document Name: Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers

Source: Ministry of Health, Kenya

Date: June 1997

Summary: These guidelines provide the most current up-to-date knowledge on the methods of contraception currently approved by the Ministry of Health and other aspects of reproductive health. They also provide direction on the following topics: quality of care; components of Family Planning services; method counseling; advantages and limitations; eligibility; use; management of common side effects; and where and from whom the method can be provided. Selected broader elements of reproductive health such as Maternal Health/Safe Motherhood; Postabortion Care; adolescents and youth; infertility; breastfeeding; cervical cancer screening; pap smears; and integration of STIs/HIV/AIDS are also covered. This document is designed to assist the service provider in maintaining comprehensive care for her/his clients and patients who may seek family planning or medical attention.

Relevant PAC Content

Topic	*Page Number*
Components of Reproductive Health/Family Planning	1
Quality of Care	2
Counselling	3
Client Assessment	5
Infection Prevention	7
Family Planning Methods	11-41
Postabortion Care (PAC)	47
• Purpose	47
• Emergency Treatment	47
• Postabortion Family Planning	47
• When to Start Family Planning	48
• Which Contraceptive Methods Can be Used	48
• Links to Other Reproductive Health Services	49
Integration of STI/HIV/AIDS Control into the Maternal Child Health and Family Planning Programme	50

• • •

Document Name: National PAC Taskforce Action Plan: Clinical Training Network & Expansion of PAC Services

Source: Ministry of Health, Zambia and JHPIEGO

Date: November 2002

Summary: This PowerPoint presentation describes the key elements of quality PAC services and helps managers understand their role in the PAC expansion program. It also assists in identifying, preparing, and initiating potential PAC service sites.

Relevant PAC Content

Topic	*Slide Number*
Introduction to Postabortion Care	1
The Situation of Postabortion Care in Zambia	19
National PAC Taskforce Action Plan: Clinical Training Network and Expansion of PAC Services	53
Roles and Responsibilities at National, Provincial, and District Levels in PAC Expansion	74
PAC Training & Supervision: Orientation to the Individualized Training Approach and Materials	81
Integrating Family Planning & Reproductive Health Services into PAC	92
Infection Prevention	103
PAC Guidelines	143
Quality PAC Services: Clinical Care & Supervision	150
Organization, Equipment & Supplies for Quality PAC Services	160
Overview of Postabortion Care at Different Levels	190
Organization & Preparation for a PAC Clinical Training Site	202

• • •

Document Name: Emergency Obstetric Care: Quick Reference Guide for Frontline Providers

Source: JHPIEGO

Date: 2003

Summary: This pocket-sized booklet is designed to help the health care provider in a Type 1 health post recognize and respond to obstetric emergencies. The goal of emergency obstetric care at the health post level is to diagnose the problem, stabilize the woman, and arrange for transport to the nearest facility capable of managing and treating the complication.

Relevant PAC Content

Topic	*Page Number*
Responding to an Emergency:	
Being Prepared for an Emergency	1
Quick Check	2
Responding to an Emergency	3
Rapid Initial Assessment	4
Rapid Initial Assessment for Respiratory Distress	5
Rapid Initial Assessment for Shock	7
Rapid Initial Assessment for Vaginal Bleeding	14
Rapid Initial Assessment for Fever	16
Rapid Initial Assessment for Abdominal Pain	18
Referring the Woman for Care	19
Symptoms:	
Vaginal Bleeding	23
Headache, Blurred Vision, Convulsions, or Loss of Consciousness	49
Appendices:	
Essential Drugs and Supplies for Emergency Obstetric Care at the Type 1 Health Post	70
Infection Prevention	75
Guidelines for Procedures	95

Document Name: Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors

Source: WHO, UNFPA, UNICEF, World Bank

Date: 2003

Summary: A woman presenting with a life-threatening obstetric complication is in an emergency situation requiring immediate diagnosis and management. Therefore, the main text of the manual is arranged by symptom (e.g. vaginal bleeding in early pregnancy). Because this symptom-based approach is different than most medical texts which are arranged by disease, a list of diagnoses with the page number of the corresponding diagnosis table is provided.

The emphasis of the manual is on rapid assessment and decision making. The clinical action steps are based on clinical assessment with limited reliance on laboratory or other tests and most are possible in a variety of clinical settings (e.g. district hospital or health center).

Relevant PAC Content

Topic	*Page Number*
Clinical Principles:	
Rapid Initial Assessment	C-1
Talking with Women and their Families	C-5
Emotional and Psychological Support	C-7
Emergencies	C-15
General Care Principles	C-17
Clinical Use of Blood, Blood Products and Replacement Fluids	C-23
Antibiotic Therapy	C-35
Anaesthesia and Analgesia	C-37
Operative Care Principles	C-47
Provider and Community Linkages	C-79
Symptoms:	
Shock	S-1
Vaginal Bleeding in Early Pregnancy	S-7
Abdominal Pain in Early Pregnancy	S-115

(continued)

Relevant PAC Content *(continued)*

Topic	*Page Number*
Procedures:	
Paracervical Block	P-1
Pudendal Block	P-3
Ketamine	P-13
Dilatation and Curettage	P-61
Manual Vacuum Aspiration	P-65
Repair of Cervical Tears	P-81
Repair of Vaginal and Perinetal Tears	P-83
Repair of Ruptured Uterus	P-95
Uterine and Utero-ovarian Artery Ligation	P-99
Salpingectomy for Ectopic Pregnancy	P-109
Appendix:	
Essential drugs for managing complications in pregnancy and childbirth	A-1

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Document Name: Postabortion Care: A Reference Manual for Improving Quality of Care

Source: Postabortion Care Consortium

Date: 1995

Summary: The purpose of this manual is to provide clinicians (physicians, nurses and midwives) with essential information on the provision of comprehensive postabortion care services. It is intended to assist clinicians in treating incomplete abortion and its life-threatening complications. The manual outlines the full range of activities needed to provide appropriate, high-quality postabortion care, including family planning and referral to health care services needed after emergency treatment.

Relevant PAC Content

Topic		*Page Number*
Chapter 1:	Postabortion Care	1-1
Chapter 2:	Talking with Patients	2-1
Chapter 3:	Initial Assessment	3-1
Chapter 4:	Infection Prevention	4-1
Chapter 5:	Pain Management	5-1
Chapter 6:	Treatment of Incomplete Abortion	6-1
Chapter 7:	Management of Problems and Complications During MVA	7-1
Chapter 8:	Processing MVA Equipment and Other Items	8-1
Chapter 9:	Postabortion Family Planning	9-1
Chapter 10:	Organizing and Managing Services	10-1
Appendix A:	Assessment and Treatment of Complications	A-1
Appendix B:	General Principles of Emergency Postabortion Care	B-1
Appendix C:	Sample Referral Form: Postabortion Complications	C-1
Appendix D:	Processing Surgical Gloves	D-1
Appendix E:	Use of Medications for Pain	E-1
Appendix F:	Equipment and Supplies Needed for MVA	F-1
Appendix G:	Essential Drugs For Emergency Postabortion Care	G-1
Appendix H:	Precautions for Performing MVA	H-1
Appendix I:	Preparing Instruments for MVA	I-1

• • •

Document Name: Manual of Norms, Rules, Protocols, and Technical Procedures for Management of Hemorrhage in the First Half of Pregnancy

Source: Ministry of Health, Bolivia

Date: 2004

Summary: This consensus document includes definition of terms; responsibilities for PAC at each level of care in the health system; objectives of PAC; and protocols and procedures in the delivery of quality PAC services, including infection prevention and recordkeeping forms.

Relevant PAC Content

Topic	*Page Number*
1. Levels of Attention and Functions of Health Personnel	17
2. Objectives and Rules	27
3. Protocols and Procedures	29
4. Infection Prevention	55
Annex: Registry for Hemorrhagic Complications in the First Half of Pregnancy	67

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Document Name: Infection Prevention Guidelines for Healthcare Facilities with Limited Resources

Source: JHPIEGO

Date: 2003

Summary: The manual features infection prevention guidelines for outpatient settings as well as hospitals providing general medical, surgical, and obstetric services. To facilitate the manual's adaptation and use, each chapter has a set of learning objectives and is fully referenced. This allows the manual to be used in a variety of ways—as a text for preservice education, group-based training, on-the-job learning programs, or as content for developing teaching, job, or behavior aids.

Relevant PAC Content

Topic *Page Number*

Part 1: Fundamentals of Infection Prevention

One: Introduction to Infection Prevention 1-1

Two: Standard Precautions 2-1

Three: Hand Hygiene 3-1

Four: Gloves 4-1

Five: Personal Protective Equipment and Drapes 5-1

Six: Surgical Antisepsis 6-1

Seven: Safe Practices in the Operating Room 7-1

Eight: Waste Management 8-1

Part 2: Processing Instruments, Gloves and Others Item ..... 9-1 to 14-1
Includes overview of recommended processes; decontamination and cleaning; sterilization; high-level disinfection; processing linen; and processing disposable (single-use) items.

Part 3: Implementing Infection Prevention in Healthcare Facilities ..... 15-1 to 19-1
Includes traffic flow and activity patterns; housekeeping; clinical and laboratory services; blood bank and transfusion services; and management of infection prevention programs.

(continued)

Relevant PAC Content *(continued)*

Topic — *Page Number*

Part 4: Nosocomial Infections ..... 22-1 to 28-1
Includes preventing nosocomial infections; isolation precaution guidelines for hospitals; preventing urinary tract infections; preventing surgical site infections; preventing infections related to use of intravascular devices; preventing maternal and newborn infections; preventing infectious diarrhea; managing food and water services; preventing pneumonia; and infection monitoring (surveillance) activities.

Appendix A: General Surgical Handscrub A-1

Appendix B: Antiseptics B-1

Appendix C: Processing Surgical Gloves C-1

Appendix D: Precautions for the Surgical Team D-1

Appendix E: Decontaminating and Cleaning Instruments and Needles and Syringes E-1

Appendix F: Disinfectants F-1

Appendix G: Instructions for Operating and Maintaining High-Pressure Steam Sterilizers G-1

Appendix H: Laparoscopy H-1

Appendix I: Duration of Precautions I-1

Appendix J: CDC Recommendations for Prevention of Surgical Site Infection J-1

Appendix K: Fetal and Newborn Infectious Disease Prevention K-1

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Postabortion Care Training Curricula

Function

To prepare individuals to provide humane and compassionate delivery of PAC services consistent with a defined standard.

TYPES OF TRAINING

In-Service Training

- Used to introduce new practices.
- Usually conducted at the service site.
- Usually provided as group-based training.
- Difficult to offer adequate clinical experience for group-based training.
- Should not be used to institutionalize practices that become the standard of care for service delivery.

On-the-Job Training

- Focuses on the learner at her/his practice site.
- Ensures that learning takes place under real conditions.
- Particularly effective for PAC training.
- Average time to accomplish clinical competency is four weeks (with client caseload or 4-6 clients/month).

Pre-Service Training

- Offered in institutions of basic professional training (e.g. nursing, midwifery, medicine, clinical officers, auxiliary workers, and tutor/teacher's training institutions).
- Finance and labor-intensive investments.
- The process has impact on:
  - Entrance requirements;
  - Completion requirements;
  - Licensing requirements;
  - Deployment policies; and
  - Service delivery sites.
- Satisfying the MVA clinical practice needs may be very difficult.

TRAINING SITE PREPARATION

- Must provide the volume of client experiences for learners to develop a safe beginning level of practice.
- Should be assessed for:
  - physical structure to accommodate additional personnel and clients;
  - adherence to service delivery guidelines;
  - management and supervision systems that support clinical learning;
  - client satisfaction with services;
  - adequacy of client experiences;
  - adequacy of equipment, drugs, and supplies;
  - presence of other trainee groups competing for clinical experiences; and
  - presence of preceptors to extend the tutors' capacity to provider clinical supervision of learners.

Decisions will need to be made regarding the ability for the site to support training with modifications (physical space, staff practices that model the desired quality of performance, strategies to increase of client volume). Ongoing assessment of the appropriateness of the site for clinical opportunities might include trainee and client feedback.

Training alone cannot guarantee optimal performance in the absence of supportive supervision, ongoing opportunities for staff development, functional management and logistic systems, and an adequate and reliable source of required equipment, supplies, and drugs.

The majority of PAC training curricula reviewed aimed at developing provider skills at secondary and tertiary facilities and in private practice settings. Only one PAC training curriculum designed for use in both in-service as well as pre-service training of midwives was available for review (WHO). One JHPIEGO publication offers detailed, generic guidance for strengthening pre-service training which can be applied to PAC.

Documents addressing the needs for training-site preparation were not specific to PAC but were generic for application to guide development of training sites and trainers (IntraHealth, JHPIEGO).

Notes:

As HIV and AIDS prevention, treatment, care, and support information evolves, this content area will need to be updated and incorporated into the PAC curriculum for counseling and referral to other reproductive and health services.

Standard Days Method (SDM) will need to be added to the list of contraceptive options for postabortion contraception even though this method would not be initiated before the resumption of the woman's menstrual cycle. Therefore, abstinence or consistent use of a barrier method should be recommended until SDM can be initiated.

Criteria Used in the Review of Training Curricula

The criteria used for reviewing service delivery guidelines indicated whether the guidelines:

- Identify the learning audience.
- Identify Post-Training Functions (PTF) consistent with National Standards.
- Articulate goal and training objectives consistent with PTF.
- Articulate learning objectives in the three domains of learning.
- Include participatory learning activities matched to the domains of learning.
- Include assessment tools for knowledge, attitude, and skills; has test with answer keys; and performance checklists—consistent with national standards.
- Include an articulated post-training follow-up plan.
- Have a criteria for successful completion (knowledge, attitude, and skills)
- Articulate the criteria and guidance for preparing a clinical training site.

HOW TO USE THE RESOURCE GUIDE FOR WRITING OR REVISING TRAINING CURRICULA

In-service or Pre-service:

1. Review the current scope of practice for each cadre of personnel to be involved in PAC and the practices required of each cadre in order to provide quality services. See the Policy section of this Resource Guide regarding expanded practice.

2. Use the ***PAC Training Assessment Tool*** to review your current curriculum guidelines to evaluate its strengths and identify gaps.

3. Review the recommended document for the process on incorporating new practices, e.g., PAC, into the system of pre-service training.

If a pool of RH trainers exists:

- Involve RH trainers in the process of institutionalizing PAC training into the pre-service training system.

- Review the recommended sample training curricula and adapt to your country and/or health system. Incorporate the recommendations related to specific aspects of the sample curricula that need to be expanded or strengthened (e.g., counseling, pain management, post-procedure client monitoring). Include the research findings into the training curriculum. USAID is currently completing a standardized curriculum that you may find useful for your country's program.

- Develop strategies for preparing or strengthening clinical training sites—for either centralized, whole-site, on-the-job, or individual learning approaches to training. Allow time for sites to consistently and confidently provide PAC services to the upgraded standard (e.g,. 3-6 months before using the site for clinical training).

- Conduct initial or refresher PAC training for trainers, tutors, preceptors, and supervisors who will be involved in on-going RH training and supportive supervision.

If a pool of RH trainers does not exist:

- Involve RH trainers in the process of institutionalizing PAC training into the pre-service training system.

- Begin building a pool of trainers by conducting a PAC training needs assessment. Define the most cost-effective, service-efficient approach to training and continuing education for ensuring and maintaining desired performance.

- Identify providers with the demonstrated capacity (ability to grasp new content, commitment to facilitating learning, attitudes and skills to create a safe learning environment for learners and clients) and willingness to function as trainers or preceptors. Conduct PAC skills training with follow-on capacity building in training skills once the provider is practicing confidently to standard. Include trainers in the process of reviewing and adapting the recommended curricula in the PAC Global Resources Guide.

- Work with the new trainers, supervisors, and PAC coordinator (where one exists) to develop a plan for PAC training (central, whole-site, or on-the-job, individual learning) and to establish or expand services.

- Establish a mechanism for monitoring and evaluating PAC training, including post-training follow-up.

- Lastly, develop a mechanism for periodic review of the currency of the scope of practice for PAC.

Management and Supervision for Quality PAC Services:
Review the recommended documents for providing continuous PAC services monitoring and evaluation for quality management, e.g., *COPE® Handbook: A Process for Improving Quality in Health Services* (EngenderHealth, 2003) and *COPE for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook* (EngenderHealth, 2003).

If you are not familiar with the COPE process:

- Read the handbook and the toolbook to become familiar with the process. Where feasible and when it can be done in a timely manner, request technical assistance for the initial COPE® process.

If you are familiar with the COPE process:

- Review the self-assessment guide questions related to PAC; and,

- Implement the COPE process for continuous monitoring of PAC services to ensure quality services.

PAC Community Mobilization:

1. Review the PAC Community Mobilization Facilitator's Manual to become familiar with the activity and tools needed. The manual can be found in the accompanying CD-ROM or on the website: *www.postabortioncare.org*

2. Review the compilation document from the Extending Service Delivery project to see how this activity can be used with different audiences. This document can also be found on the accompanying CD-ROM or on the website: *www.postabortioncare.org*

3. Consider a study tour to Bolivia, Kenya, Peru, or Egypt, if possible, to learn more about the activity based upon the type of community mobilization activity planned for your country.

PAC TRAINING CURRICULA ASSESSMENT TOOL

Instructions:

- The personnel working to develop or update the RH training curriculum to ensure safe and quality PAC services should include a senior-level health provider as a technical advisor, clinical providers/preceptors (physicians, clinical officers, midwives, or nurses), RH trainers, and service supervisors.

- Review your current RH training curricula and answer the questions below. For each "no" answer, the members of the working group will need to discuss and adapt the current curricula based on recommended training examples, evidence, and on the country setting.

Does the PAC Training Curriculum:	*YES*	*NO*
1. Identify the audience?		
2. Articulate the post-training functions (PTFs)?		
3. Articulate criteria for selecting a clinical training site? *or* Provide guidance for preparing a clinical site to support training?		
4. Articulate the goal and objectives of the training, consistent with the PTFs?		
5. Articulate learning objectives in the three domains of learning?		
6. Use participatory learning activities appropriately matched to the domain of learning?		
7. Use learning-evaluation methods matched to the domains of learning?		
8. Include assessment tools for knowledge, attitude, and skills? **a.** Tests with answer keys? **b.** Performance checklists?		
9. Articulate a post-training follow-up plan?		
10. Articulate criteria of successful completion of training (knowledge, attitude, and skills)?		

STRONG EVIDENCE FOR PAC TRAINING

- Providing contraceptive technology updates, counseling workshops and in-service training in PAC can:
  - Increase the number of PAC patients who report that they received important information on their care and family planning options;
  - Increase the number of PAC patients who leave with a family planning method regardless of whether MVA or sharp curettage is used; and
  - Improve the quality of care.

- Training increases physician satisfaction with MVA.

- Training midwives to counsel PAC patients on family planning, STIs/HIV and nutrition (in addition to midwives undertaking other aspects of PAC, including emergency treatment using MVA) can increase counseling on these topics.

RECOMMENDED TRAINING CURRICULA

Document Name: Counseling the Postabortion Client: A Training Curriculum

Source: EngenderHealth

Date: 2003

Summary: A training guide for postabortion care providers (including doctors, nurses, and midwives) who interact with clients before, during, and immediately after the treatment procedure. This innovative curriculum expands the realm of traditional postabortion care counseling services by teaching crucial skills needed to improve communication between providers and clients. This volume contains step-by-step guidelines for conducting a training workshop and participant handouts.

Relevant PAC Content

Topic	*Page Number*
Introduction for the Trainers	1
Session 1: Opening Session	15
Session 2: Values and Attitudes Related to Postabortion Care	23
Session 3: Understanding the Client's Perspective	33
Session 4: Interpersonal Communication	55
Session 5: Family Planning Information and Counseling for the Postabortion Client	75
Session 6: Related Reproductive Health Needs and Other Issues	95
Session 7: Postabortion Counseling	111
Session 8: Clinical Practicum	137
Session 9: Workshop Wrap-Up	147

Document Name: National Postabortion Care Curriculum for Service Providers

Source: Ministry of Health, Kenya

Date: July 2002

Summary: This National Postabortion Care Curriculum was developed to harmonize and standardize the various curricula used in Kenya to train PAC service providers. This effort came in the wake of the Ministry's decision to allow the training in, and provision of, PAC services by nurses and clinical officers, a practice previously reserved for medical doctors only.

Relevant PAC Content

Topic		*Page Number*
Module 1	Includes developing a climate for learning and introduction to comprehensive PAC.	1-1 to 1-19
Module 2:	Concept of Comprehensive PAC	2-1
Module 3:	MVA Facts	3-1
Module 4:	Client Assessment and Preparation	4-1
Module 5:	Pain Control for MVA	5-1
Module 6:	Performing the MVA Procedure	6-1
Module 7:	Infection Prevention & Processing of MVA equipment	7-1
Module 8:	Abortion Complications and Management	8-1
Module 9:	Values and Attitudes Related to PAC	9-1
Module 10:	Effective Communication Skills	10-1
Module 11:	Post Abortion Care Counselling	11-1
Module 12:	Post Abortion Contraception	12-1
Module 13:	Managing Sexually Transmitted Infections	13-1
Module 14:	Keeping and Maintaining Records	14-1
Module 15:	Community and Service Provider Partnership	15-1
Module 16:	Sustainability	16-1

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Document Name: Postabortion Care Clinical Skills Curriculum
Volume 1: Trainer's Guide

Source: Ministry of Health, Tanzania

Date: July 2002

Summary: This training curriculum is based on a 5-element construct for PAC which includes community involvement and participation, comprehensive PAC counseling, emergency treatment of complications from spontaneous or induced abortion, FP counseling services, and linkages to access comprehensive RH. The curriculum can be adaptable for varied approaches to training (e.g., self-directed/individualized learning, on-the-job training, or whole-site training).

Relevant PAC Content

Topic — *Page Number*

Section 1: **Foundational Information for Enhancing Effective Comprehensive Postabortion Care Training** ..... 16 - 28
Includes selection criteria for trainers, trainees, and practicum site; equipment, supplies and essential drugs for PAC service delivery; post-training tasks; training objectives; clinical skills; and training schedule.

Section 2: **The Comprehensive Postabortion Care Training Modules** 29

- **Module 1:** Developing a Climate for Learning..... 31
- **Module 2:** Advocating for Comprehensive Postabortion Care Services..... 35
- **Module 3:** Providing Emergency Comprehensive Postabortion Care 41
- **Module 4:** Counselling to Identify and Respond to Women's Emotional and Physical Needs and Other Concerns 55
- **Module 5:** Organising the health facility for sustainable comprehensive PAC/RH services 73
- **Module 6:** Involving the community for improving comprehensive PAC/RH services..... 92
- **Module 7:** Practicing comprehensive PAC clinical skills 104

Section 3: **Model Session Plan Outlines and Other Trainer's Guides**..... 109

Trainer's Guides..... 111

Participant Handouts..... 162

PAC Registration Form 197

Compatible Instrument Parts 199

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Document Name: Postabortion Care Clinical Skills Curriculum
Volume 2: Trainee's Handbook

Source: Ministry of Health, Tanzania

Date: July 2002

Summary: This training curriculum is based on a 5-element construct for PAC which includes community involvement and participation, comprehensive PAC counseling, emergency treatment of complications from spontaneous or induced abortion, FP counseling services, and linkages to access comprehensive RH. The curriculum can be adaptable for varied approaches to training (e.g., self-directed/individualized learning, on-the-job training, or whole-site training).

Relevant PAC Content

Topic ***Page Number***

Section 1: **Foundational Information for Enhancing Effective Comprehensive Postabortion Care Training**..... 15 - 23
Includes selection criteria for trainers, trainees, and practicum site; equipment, supplies and essential drugs for PAC service delivery; post-training tasks; training objectives; clinical skills; and training schedule.

Module 1: Developing a Climate for Learning..... 30

Module 2: Advocating for Comprehensive Postabortion Care Services..... 33

Module 3: Providing Emergency Comprehensive Postabortion Care 46

Module 4: Providing Postabortion Family Planning and Other Reproductive Health Services 56

Module 5: Organising the health facility for sustainable comprehensive PAC/RH services 93

Module 6: Involving the community for improving comprehensive PAC/RH services..... 118

Module 7: Practicing comprehensive PAC clinical skills 104

Section 3: **Model Session Plan Outlines and Other Trainer's Guides**..... 109

Trainer's Guides..... 111

Participant Handouts..... 162

PAC Registration Form 197

Compatible Instrument Parts 199

(continued)

Relevant PAC Content *(continued)*

Topic		*Page Number*
Tool No. 3.1:	Checklist for Clinical Skills Acquisition, Monitoring, and Assessment	145
Tool No. 3.2:	Checklist for Counseling Comprehensive PAC Clients Before MVA Procedure	155
Tool No. 4.1:	Checklist for Assessing Provider Counseling Skills in STD/HIV/AIDS Prevention	162
Tool No. 5.1:	Checklist for Assessing Provider Skills in Organizing Comprehensive PAC Services	168
Tool No. 5.2:	Checklist for Assessing Provider Skills in Infection Prevention and Control	170
Tool No. 5.3:	Checklist for Using Records to Improve Comprehensive PAC Services	171
Tool No. 6.1:	Checklist for Carrying Out Community Involvement Activities	172
Tool No. 7.1:	Checklist for Practicing Comprehensive PAC Clinical Skills	173
Individual Monitoring Tool for Training		178
Comprehensive PAC Form for Plan of Action		179
PAC Register Form		185
Compatible Instrument Parts		187

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Document Name: Postabortion Care Course Notebook for Trainers

Source: JHPIEGO

Date: April 2000

Summary: This clinical training course is designed for service providers (physicians, nurses, and midwives). The course builds on each participant's past knowledge and takes advantage of her or his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

Relevant PAC Content

Topic	*Page Number*
Section 1: Guide for Participants — Includes introduction; instructions for using Zoe® Gynecologic Simulators; precourse questionnaire; course evaluation; and learning guides and practice checklists for postabortion care clinical skills and family planning counseling skills.	7 - 47
Section 2: Guide for Trainers — Includes model course outline; precourse questionnaire answer key; precourse assessment checklist; and role plays and exercises.	1 - 48
Midcourse Questionnaire	49
Checklist for Postabortion Care Clinical Skills	61
Checklist for Family Planning Counseling	64
Section 3: Tips for Trainers	
Conducting the Course	1
Being a Good Clinical Trainer	11
Using Interactive Training Techniques	13

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Document Name: Postabortion Care Course Handbook: Guide for Participants

Source: JHPIEGO

Date: April 2000

Summary: This clinical training course is designed for service providers (physicians, nurses, and midwives). The course builds on each participant's past knowledge and takes advantage of her or his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

Relevant PAC Content

Topic	*Slide Number*
Overview Includes introduction, instructions for using Zoe® Gynecologic Simulators; and precourse questionnaire.	1 - 21
Learning Guides and Practice Checklists for Postabortion Care Clinical Skills and Family Planning Counseling Skills	31
Learning Guide for Postabortion Care Clinical Skills	35
Learning Guide for Verbal Anesthesia	39
Learning Guide for Postabortion Family Planning Counseling Skills	40
Practice Checklist for Postabortion Care Clinical Skills	43
Practice Checklist for Postabortion Family Planning Counseling Skills	45
Course Evaluation	47

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Document Name: Preservice Implementation Guide: A Process for Strengthening Preservice Education

Source: JHPIEGO

Date: September 2002

Summary: This guide describes the step-by-step process used to create a positive environment on the national level for strengthening medical, nursing, and preservice education, and the steps on the institutional level to improve the existing curriculum and its implementation. Adapted from the World Health Organization's 2001 document *Integrated Management of Childhood Illness (IMCI): Planning, Implementing and Evaluating Pre-Service Education*.

Relevant PAC Content

Topic		*Page Number*
Introduction:	The Preservice Strengthening Process	Introduction-1
Phase One:	Plan and Orient	1-1
Phase Two:	Prepare for and Conduct Teaching	2-1
Phase Three:	Review and Revise Teaching	3-1
Phase Four:	Evaluate Teaching	4-1
Appendix:	Conducting a Preservice Needs Assessment for Curriculum Strengthening	Appendix-1

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Document Name: Increasing the Efficiency of Training in Postabortion Care Programs: The Zambia Experience

Source: JHPIEGO

Date: April 2002

Summary: Describes the "Training in Reproductive Health" PAC program in Zambia, which incorporated four key elements into its framework: advocacy, access to services, institutionalization of training, and sustainability.

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Document Name: Educating Advanced Practice Nurses and Midwives: From Practice to Teaching

Source: Thompson, JE and Krisman-Scott, MA

Date: 2001

Summary: Three appendices from this book include suggested guidelines for preparation of preceptors, sample clinical data sheet, and sample clinical teacher report form.

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Document Name: Postabortion Care Individual Learning Package (CD-ROM)

Source: JHPIEGO

Date: 2002

Summary: This package on CD-ROM uses an individualized learning approach for postabortion care (PAC) skills. It is available on CD-ROM to provide the greatest flexibility in its use and allow it to be adapted easily to meet a particular country's needs. The package comprises a Learner's Guide, Trainer's Guide and Supervisor's Guide, and is designed to be used with the same PAC reference manual, audiovisuals and anatomic models used for group-based training.

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Other Tools for Postabortion Care

RESOURCE ALLOCATION

Document Name: Allocate Model

Source: POLICY Project

Summary: The *Allocate* model offers a new mechanism whereby planners can examine and manipulate various assumptions and explore alternative uses of resources while developing a comprehensive Reproductive Health Policy. The *Allocate* model is intended to:

- Support priority-setting dialogue by supporting improved reproductive health action plans, with increased efficiency in the use of funding resources; and
- Create a better dialogue between all stakeholders regarding reproductive health priorities.

The *Allocate* model can:

- Assist planners in understanding the effects of funding levels and allocation patterns on program impact; and
- Help planners understand how funding levels and patterns can lead to reductions in maternal mortality, abortion related deaths, and unwanted pregnancies and increases in contraceptive prevalence.

It does not, however, calculate the "optimum" allocation pattern or recommend a specific allocation of resources between interventions.

How to use the Allocate model:

- It is intended for use by national programs to explore the effects of different funding levels and patterns on national goals and RH action plan targets.
- Generally implemented by a multi-disciplinary team composed of participants with various areas of expertise representing different aspects of society (government, civil society, private sector, donors). A technical team works together to implement the model for the first time.
- The model is then used in interactive workshops with planners and stakeholders to explore the effects of different program configurations on health outcomes.
- Through this interaction participants gain a better understanding of the dynamics of funding and impact. This prepares them to develop realistic budgets and goals that reflect their priorities.

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COMMUNITY MOBILIZATION

Document Name: PAC Community Mobilization

Source: ACQUIRE

Summary: The community PAC model mobilizes the community to recognize the danger signs of incomplete abortion and provides support to access PAC services. The intervention also helps the community to recognize gaps and shortfalls to accessing PAC services and encourages community members to formulate solutions to address these problems. This is accomplished by going through the following phases:

Phase I: Prepare to mobilize
Phase II: Organize the community for action
Phase III: Explore the health issue and identify priorities
Phase IV: Plan together
Phase V: Act together
Phase VI: Evaluate Together

Some results of this activity include:

- Increased knowledge regarding types of contraceptive methods and use of family planning at the last sexual intercourse (Bolivia).
- Increased knowledge regarding vaginal bleeding as a danger sign of pregnancy and a cause of maternal death (Kenya).
- Community identification of domestic and physical violence against women as reasons for spontaneous abortion (Bolivia, Kenya).
- Increased FP counseling and uptake of FP methods due to the establishment of a Committee for Monitoring and Transparency in Health which helped acquire FP supplies and made them available in the room where emergency treatment was performed (Peru).
- More than 12,600 persons reached by male religious leaders through community awareness sessions (Egypt).

The facilitator's manual has been field tested with 1,300 residents in 82 community groups and 149 facilitators in Bolivia and adapted for use in Kenya, Peru, and Egypt. It is currently being introduced in Senegal.

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MANAGEMENT AND SUPERVISION

Document Name: A Process for Improving Quality in Health Services: A Toolbook to Accompany the COPE® Handbook

Source: EngenderHealth

Date: 2003

Summary: A supplement to the *COPE® Handbook: A Process for Improving Quality in Health Services*. Provides updated versions of the self-assessment guides, the client interview guide, and other materials for a range of reproductive health services, including antenatal care, labor and delivery, postpartum and newborn care, postabortion care, family planning, reproductive tract infections (including sexually transmitted infections), HIV and AIDS, gynecological services, men's reproductive health services, sexuality, infertility, and prevention of harmful practices.

Relevant PAC Content

Topic	*Page Number*
Introduction	1
Self-Assessment Guides for Reproductive Health Services	9
Clients' Right to Information	11
Clients' Right to Access to Services	17
Clients' Right to Informed Choice	21
Clients' Right to Safe Services	23
Clients' Right to Privacy and Confidentiality	31
Clients' Right to Dignity, Comfort, and Expression of Opinion	33
Clients' Right to Continuity of Care	37
Staff Need for Facilitative Supervision and Management	39
Staff Need for Information, Training, and Development	43
Staff Need for Supplies, Equipment, and Infrastructure	47
Record-Review Checklists for Reproductive Health Services	51
Client Record-Review Checklist	53
Surgical Record-Review Checklist	55

(continued)

Relevant PAC Content *(continued)*

Topic	*Page Number*
Client-Interview Guide for Reproductive Health Services	57
Client-Flow Analysis Forms for Reproductive Health Services	63
Client Register Form	65
Client-Flow Chart	67
Client-Flow Chart Summary	68
Action Plan and Follow-Up Forms for Reproductive Health Services	69
Client Record-Review Checklist	53
Surgical Record-Review Checklist	55

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Document Name: Practical Guide for Selection of MVA Instruments

Source: EngenderHealth

Date: 2001

Summary: In an effort to help buyers assess the various MVA instruments on the market, EngenderHealth and the Program for Appropriate Technology in Health (PATH) conducted the first-ever comparative evaluation of MVA instruments in 2001, testing the durability, quality, safety, and usability of all instruments available at the time. In addition, for each product evaluated, information was compiled about the product, its distribution, and the manufacturer's contact information. As no widely known standards existed for evaluating MVA instruments under field conditions, innovative laboratory tests were created for this evaluation.

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Postabortion Care Client-Provider Communication Materials

The PAC Global Resources Guide contains a set of client-provider materials that can be used in their current form or adapted based on the local context, audience, and project needs. Pretesting with the intended audience is highly recommended to ensure that key messages are understood correctly, images are identifiable and relevant, and content is not offensive.

The materials in the PAC Global Resources Guide include:

"Taking Care of Yourself" Client Brochure

- Intended for women and their partners after a pregnancy ends. Includes information on at-home care, FP/birth spacing methods, and warning signs that require returning to the health facility. Based on brochures developed by USAID, EngenderHealth, FHI, and CCP in the Dominican Republic and Africa.

Clinic Poster

- Adaptation of the client brochure for placement in waiting areas.

Provider Quick Checklist for Postabortion Care Services

- A pocket-size job aid for health care providers that includes a checklist of interventions provided before, during, and after the procedure. Also provides signs of shock, infection, and abdominal injury as well as a list of contraceptive methods and guidance on when to start each method.

WHO Medical Eligibility Criteria Wheel

- Job aid allows health care providers to quickly identify Medical Eligibility Criteria relevant to their clients. Developed by WHO in collaboration with the INFO project at the John Hopkins University/Center for Communication Programs, the Communication Partnership for Family Health in Jordan, and the University of Ghana Medical School.

Chart Checklist and Post-Procedure Record

- Allows health care providers to track and record PAC interventions for each client before, during, and after the procedure. Includes a record of post-procedure observations that should be included as part of the client record.

Referral Slip

- Assists health facilities in referring clients to other sites by capturing relevant information. Includes areas for recording vital signs at initial contact and before discharge.

Register for Data Collection

- A user-friendly tool that enables organizations and health facilities to gather data for reporting. Includes instructions for use and identifies data which respond to indicators in the USAID PAC results framework. Allows capture of data relevant to STI evaluation and treatment and HIV counseling and referral for testing. Based on the USAID Country-Level PAC Strategic Framework.

Wall Chart for Vacuum Aspiration

- Large format wall chart that provides step-by-step procedures for postabortion care. Adapted from materials developed by the Nepal Family Health Program, WHO, and Ipas.

Community Meeting Guide on Bleeding During Pregnancy

- Adapted with permission from The American College of Nurse Midwives' "Home-Based Lifesaving Skills Program." The meeting guide helps communities develop consensus on practices that are safe, feasible, and acceptable when faced with bleeding during pregnancy. Includes "Take Action Cards" to reinforce key messages with low-literacy audiences.

Radio Spot

- Intended for women who are pregnant, traditional birth attendants, and men with pregnant partners. Emphasizes the need to seek health services in case of bleeding or fever during pregnancy. Produced by the STRADCOM project in Tanzania. The radio spot can be found on the accompanying CD-ROM.

All materials are available in high-resolution on the accompanying CD-ROM and on the website *www.postabortioncare.org* so that health care facilities, providers, communities, and learning institutions can print and photocopy as needed.

PAC CLIENT-PROVIDER COMMUNICATION MATERIALS ASSESSMENT TOOL

Instructions:

- Establish a working group to identify and create an inventory of existing client-provider materials related to PAC. The working group should include behavior change communication specialists, content experts such as physicians, nurses, and midwives, and graphic designers when possible.

- Review existing materials and answer the questions below. For each "no" answer, consider adapting the existing material, using materials from the set provided in the PAC Global Resources Guide, or adapting the PAC Global Resources materials. (Adapting materials can be faster and less costly than developing new ones.)

- Pretest adaptations with the intended audience and incorporate changes in the materials. Some materials may require extensive changes to ensure audience comprehension and acceptability. Others may be appropriate to use without any changes. The intended audiences will best determine the level of changes required.

	YES	*NO*
Quality of Content		
1. Is the information accurate, up-to-date, and evidence-based?		
Quality of Messages		
2. Is the material audience-specific?		
3. Does it have a clear message?		
4. Does it communicate a benefit important to the audience?		
5. Does it have a call to action?		
6. Is it free of bias and assumptions?		
7. Has it been pretested with the intended audience?		

(continued)

	YES	NO
Comprehension		
8. Are ideas presented in logical order?		
9. Is the reading level appropriate?		
10. Is the language and word choice appropriate?		
11. Are unfamiliar words or concepts defined?		
12. Are sentences short?		
13. Are abbreviations avoided?		
Layout and Graphic Design		
14. Does the material command attention?		
15. Are illustrations used to emphasize, explain, or summarize?		
16. Are illustrations realistic rather than abstract?		
17. Is the font easy to read?		
18. Is there ample "white space"? (White space is the area of the material that does not have text or graphics. The proper use of white space can make information easier to find.)		