



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

Consensus Statement: International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN), and the United States Agency for International Development (USAID)

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*“If the woman we treat for post abortion complications is there because she could not get contraception, we have failed her. If she leaves without family planning we have failed her twice.” (1994, Postabortion Care (PAC) Consortium, International Conference on Population and Development (ICPD), Cairo)*

### BACKGROUND

Of the 205 million pregnancies each year worldwide, 80 million are unplanned. Of these, 42 million are terminated – 22 million legally and 20 million illegally.<sup>1,2,3</sup> Unsafe abortion accounts for 13% of maternal deaths worldwide and as much as 25% in some countries.

Women usually seek abortion for a variety of reasons, including limiting family size, delaying childbearing or contraceptive failure, lack of access to contraceptives, or as a result of rape.<sup>4</sup> Unmet need for family planning is the root cause for induced abortion, legal or illegal.<sup>5</sup> Women who have had an induced abortion are at special risk of repeat induced abortions.<sup>6</sup> For these and all women, family planning should be voluntary, readily available, and information should be comprehensible and concise.

Many women do not receive immediate post abortion family planning services, even though they are at risk of pregnancy within two to three weeks. Additionally, 31 million women have spontaneous abortions each year. While many of these

### Key Consensus Points

- Globally, one in three pregnancies – more than 70 million – end in abortion, spontaneous or induced.
- Unmet need for family planning is a primary cause of induced abortion.
- Post-abortion women are at risk of repeat pregnancy in two to three weeks post procedure.
- All post-abortion women should receive voluntary post abortion family planning counseling.
- A wide range of contraceptive methods, including long-acting methods, should be offered and accompanied by simple written instructions.
- Post abortion family planning uptake is high when quality services are offered before discharge.
- Provision of universal access to post abortion family planning should be a standard of practice for doctors, nurses, and midwives.
- Reorganizing services can save costs, staff time, and lives.
- FIGO, ICM, and ICN health professionals have a special advocacy role with policymakers and governments for ensuring quality post abortion family planning services, sharing responsibilities, strengthening professional education, and improving health outcomes.

women desire to replace the pregnancy that was lost, experts recommend birth spacing of six months after a spontaneous abortion of a desired pregnancy for optimal pregnancy outcomes.<sup>7</sup>

Therefore, all women should receive counseling and family planning services after any abortion – spontaneous or induced – irrespective of the pregnancy termination or evacuation procedure used.

### **Family planning uptake high in the immediate post abortion period**

When family planning counseling and services are offered after all types of post abortion treatment, acceptance is high. Numerous studies have shown that when attention is paid to programming that includes contraceptive technology updates to providers; reorganization of services to allow post abortion family planning counseling and provision of methods prior to discharge from the facility; and ensuring that contraceptives are available at the point of service delivery, post abortion contraception acceptance rates can increase rapidly, from 0–10% prior to program interventions to 50–80% within one to two years after implementation.<sup>7</sup> Therefore, family planning methods need to be provided at the point of post abortion services before the patient leaves the facility.

### **Women who have compelling needs**

Women who have induced abortions are conveying – some at the risk of death – how strongly they want to avoid pregnancy and childbirth. Health providers have a special opportunity and obligation to provide effective family planning services. Skilled counseling is especially important for younger women whose first interaction with the health system may be for post abortion care services. Caring providers are needed to support all women who have undergone an induced abortion in making the best decisions for their health and to take appropriate action. The post abortion period is a vulnerable time and provides an opportunity for health professionals to have a major impact on reproductive health outcomes.<sup>8</sup>

### **Costs decrease and staff time optimized**

Providing post abortion family planning to prevent repeat abortion makes financial sense for both the individual and the institution (e.g., saving staff time).<sup>9</sup> For example, in Nigeria, where safe abortion is very limited, the cost of treatment for complications of abortion is four times higher than the cost of providing family planning services to prevent these abortions.<sup>10</sup> In 12 countries in Central Asia and Eastern Europe, total abortion rates dropped dramatically as use of effective contraceptives increased.<sup>11</sup>

### **Vision for universal access to post abortion family planning**

The International Federation of Gynecology and Obstetrics, the International Confederation of Midwives, and the International Council of Nurses are committed to ensuring that our members advocate for high-quality post abortion family planning counseling and services. Universal access to post abortion and postpartum family planning makes good sense and must be considered as an important element of our care based on the clear evidence that family planning and pregnancy spacing reduce unintended pregnancies and the need for abortion and lower morbidity and mortality of women, neonates, infants, and children.

*The provision of universal access to post abortion family planning should be a standard of practice for doctors, nurses, and midwives in public and private health care. We will collaborate fully across our professions to optimize the provision of post abortion family planning.*

## **INTERVENTIONS NEEDED**

### **Reorganization of services**

There is strong evidence that the reorganization of services to provide post abortion treatment and family planning counseling and services 24 hours a day, seven days per week, improves the uptake of post abortion family planning. Several different service delivery approaches have proven successful.<sup>3,12,13,14</sup> These include:

- a. Having institutions provide separate space for post abortion care, including family planning counseling and services before the woman leaves the facility
- b. Using nurses and ward staff to counsel women
- c. Training physicians and midwives together as teams to provide post abortion care
- d. Including men in family planning decision-making by providing family planning counseling to couples

### **Providing a wide range of family planning methods for post abortion clients**

Effective systems need to be in place to ensure an adequate supply and wide range of contraceptive methods, including temporary and long-acting methods, in treatment rooms. Most family planning methods can be initiated in the immediate post abortion period. Training and employing more midwives and nurses in provision of long-acting family planning methods will strengthen access to a full range of methods.

### **Contraceptive counseling for clients having HIV counseling and testing post-procedure**

In settings where there is high HIV or STI prevalence, post abortion counseling and services should be linked with HIV and STI screening and treatment programs and include condom counseling.<sup>15</sup>

### **Contraceptive continuation post-procedure**

To reinforce contraceptive continuation, women should be provided with a plan for obtaining ongoing contraception supplies and/or follow-up visits. They should receive simple written instructions for the use of their method, along with concise information about common side effects and benefits.

### **Leadership by health care professionals to increase access to post abortion family planning**

Doctors, midwives, and nurses have a special role in advocating for women who have had an abortion and in ensuring that quality post abortion family planning services are provided. Leadership is needed from FIGO, ICM, and ICN to ensure optimal practices for post abortion family planning counseling and services, including appropriate sharing of responsibilities among doctors, midwives, nurses, and community health workers. Strengthening pre-service education for physicians, midwives, and nurses will better prepare them to provide family planning counseling and services. Policymakers and governments need to hear the voices of health professionals and to consider the evidence that supports improved professional education, the reorganization of services, and the provision of family planning, especially in the same location as the post abortion service. When quality of care is improved, lives are preserved; staff time is saved; costs are lowered; and all benefit.

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Additional evidence-based resources are available at the Global Postabortion Care Web site at [www.postabortioncare.org](http://www.postabortioncare.org).