Training course in adolescent sexual and reproductive health 2021

Safe abortion care

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Question 1

What are WHO's recommendations on safe abortion care for adolescents?

- **Policy:**
  Ensure laws and policies enable adolescents to obtain safe abortion services.
- **Community:**
  Identify and overcome barriers to the provision of safe abortion services for adolescent girls.
- **Health facility**:
  - Ensure adolescents have access to post-abortion care as a life-saving medical intervention, regardless of whether the abortion or attempted abortion was legal.
  - Ensure adolescents who have had abortions can obtain post-abortion contraceptive information and services, regardless of whether the abortion was legal.
- **Individual:**
  Enable adolescents to obtain safe abortion services by informing them and other stakeholders about the dangers of unsafe methods of interrupting a pregnancy, the safe abortion services that are legally available, and where and under what circumstances abortion services can be legally obtained

Question 2

A 19 year-old girl has decided after counselling to have a medical abortion for an unintended pregnancy of 12 weeks. What is the WHO recommended medical abortion regimen in this situation? To prevent a repeat unintended pregnancy, when could this young woman be recommended an oral contraceptive?

- WHO suggest the use of 200 mg mifepristone administered orally, followed 1–2 days later by repeat doses of 400 μg misoprostol administered vaginally, sublingually or buccally every 3 hours. The minimum recommended interval between use of mifepristone and misoprostol is 24 hours.
- For the misoprostol-only regimen, WHO suggest the use of repeat doses of 400 μg misoprostol administered vaginally, sublingually or buccally every 3 hours.
- However, use of misoprostol alone is less effective than its use in combination with mifepristone.
- For individuals undergoing medical abortion with the combination mifepristone and misoprostol regimen or the misoprostol-only regimen who desire hormonal contraception (oral contraceptive pills, contraceptive patch, contraceptive ring, contraceptive implant or contraceptive injections), WHO suggest that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen.

Question 3.1

What is the Global Abortion Policies Database?

Global Abortion Policies Database (GAPD), launched in 2017, is a tool that presents information of abortion laws and policies beyond the legal categories of abortion and includes additional

access requirements, information related to service provision, and conscientious objection for all WHO member states

Question 3.2

Review your country's profile in the Global Abortion Policies Database. What strikes you most in relation to access (or lack thereof) to safe abortion care in your country? Why?

- Legal, religious, medical and social factor are relation to access to safe abortion care in my country.
- According to the current Iranian laws, terminating pregnancy before the ensoulment is allowed when the life of the mother is in danger, or when the fetus has a serious anomaly. However, the mother needs approval from the judicial authorities for induced termination of the pregnancy. In accordance with clinical practice, approval is not given after soul creation (4 months and 10 days) because Iran is an Islamic country, the legal system of which based on holy Qur'an and Shi'a resources (1).
- Religious leaders are increasingly playing a role in discussing abortion law reform and more attention is being given to the social and medical reasons for abortion.

Question 4

What is self-managed abortion? For whom does WHO recommend self-managed abortion? How safe is self-managed abortion?

- Self-managed abortion is when a person performs their own abortion without clinical supervision.(1)
- Individuals who are less than 12 weeks pregnant and have "a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.(2)
- Where pregnant people may have previously sought clandestine abortion through invasive methods such as sticks, chemicals, or physical force, the availability of medicines means that pregnant individuals do not have to resort to unsafe methods of abortion, and this therefore reduces the health risks arising from unsafe abortion. Researchers have attributed self-managed abortion with pills to a worldwide decrease in abortion mortality.(3,4)
- An individual's safety can also depend on the degree to which they face risk of arrest when self-managing their abortion.(5)

Question 5.1

Name the two bases that the authors of the article identified as allowing for abortions in the Middle East and North Africa.

- Interpretations that allow for abortion are based on fetal development, gestational age and the circumstances of the pregnant woman; they rarely mention fetal rights or when life begins. It is accepted that maternal life takes precedence, at least until the fetus achieves the status of person. The life of existing children is often considered more important than that of the fetus.

If a woman becomes pregnant during breastfeeding, it is generally accepted that another infant might put the existing child at risk.

- A fatwa in 1991 in Saudi Arabia allowed for abortion in the first 120 days after conception in the case of fetal impairment. In Iran both the Grand Mufti Ayatollah Yusuf Saanei and the Ayatollah Ali Khameni issued two fatawa in 2005 allowing for abortion under certain circumstances. The one provided for abortion in cases of genetic disorder in the first trimester; the other allowed abortion in the first trimester if a woman's health and life were at risk.

Question 5.2

What were the three strategies used to advocate for legal reforms in abortion laws?

- Research on the undesired consequences of unsafe abortion, its link to maternal mortality and a high rate of unwanted pregnancy.
- Introduction of simpler and safer methods for treating post-abortion complications.
- A cohort of trained providers of MVA.

Question 5.3

Did the fact that Saudi Arabia has a fatwa that permits termination of a pregnancy if there is fetal impairment change the respondents' views about abortion?

In a study among people with haemoglobin disorders in Saudi Arabia of attitudes towards antenatal diagnosis of disorders and abortion in cases of sickle cell anaemia and thalassaemia, most participants were unaware of increased risk with consanguinity and did not know about the Saudi Arabian fatwa permitting abortion in cases of fetal impairment. Close to half of the participants, who had initially rejected the idea of pregnancy termination, changed their minds when informed of the fatwa(6).

Question 6.1

Who are Lady Health Workers in Pakistan? What has been their role in increasing access to abortion services?

- Lady Health Workers is a cadre of female health care workers in Pakistan, who act as a link between the communities and the health facilities. Their work includes disseminating information and educational material on health, family planning and sanitation, administering immunization campaigns, etc.
- Use of misoprostol and Manual Vacuum Aspiration for UE/PAC and bringing about commodity sustainability and service availability, all of which was primarily led by NGOs.(7)

Question 6.2

When dealing with a sensitive and stigmatized issue like abortion, what was identified by Ipas as the key to moving the agenda forward in Pakistan?

- Partnering with the government – using evidence-based policy initiatives to highlight the need for safe abortion care.
- Desensitising others to the topic through continuous conversations with a broad range of stakeholders.
- Ipas and other key partners have played a key role in mobilising professional associations to advance the advocacy work with the Ministry. As an example, we worked with senior officials and members of SOGP through professional conferences to educate members about existing abortion laws, conduct values clarification trainings and build consensus on the importance of access to safe abortion to reduce maternal mortality. A result of this work was a statement released by SOGP on the importance of using safe methods for UE, and the need for incorporating these in the training curriculums for medical, nursing and midwifery students.

Question 6.3

What were the two key approaches used by Ipas to contribute to the improvement of the quality of abortion care in Pakistan?

- The first was a programmatic intervention by implementing Ipas's global Values Clarification and Attitude Transformation (VCAT) training model with all levels of service providers and health facility officials. These trainings are a powerful tool that help individuals come to the realisation that no matter what their beliefs are about abortion, no woman should suffer the loss of life because of lack of access and that, as providers, their professional responsibility trumps their personal values
- The second was a policy initiative where Ipas worked with members of PRHTAC and the Pakistan Alliance for Post-Abortion Care (PAPAC), a cross-regional coalition of stakeholders from government departments, NGOs, UN entities and others collaborating to reduce unsafe abortions, to develop Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-Abortion Care(7)

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