Programme Interventions in Abortion Self-Care

In June 2021, IPPF's International Medical Advisory Panel (IMAP) released its Statement on Abortion Self-care. This paper is intended to support IPPF Member Associations and Collaborative Partners implement the recommendations provided in the IMAP statement, by providing an overview of programme interventions that support and enable abortion self-care. The programme interventions provided in this document are not an exhaustive list but gives examples of key strategies and models of care that can be used to ensure a supportive health system is in place for abortion self-care.

What is abortion self-care?

IPPF understands abortion self-care as the right of women and girls to lead, in part or entirely, their abortion process, with or without support from health providers. This usually includes the self-administration of medical abortion, but could also mean being in charge of other aspects of the abortion process, such as the post-abortion care or the decision of engaging (or not) other stakeholders throughout the process (i.e. abortion doulas; peers; pharmacists).

The principles of abortion self-care are defined as follows:

1. **Rights-based:** People's right to make autonomous decisions about their own bodies and reproductive functions, is at the core of their fundamental rights to life, health, equality and non-discrimination, information, and the right to enjoy the benefit of scientific progress.
2. **Person-centred:** Providing options relevant to the individual's needs, preferences, and lived experiences supports people's self-efficacy to control their lives and decisions and tackle abortion stigma and the silencing that comes with it.
3. **Gender transformative:** Every woman and girl has the right to abortion, in a manner that respects their rights, autonomy, dignity, and needs, taking their lived experiences and circumstances into account, while challenging gender norms and stereotypes.
4. **Inclusiveness:** All individuals who may need an abortion must have access to care that considers their unique needs, irrespective of visible or invisible differences.
5. **Equity in health:** All efforts should be made to address avoidable and unjust differences in exposure to health risk factors, health outcomes and their social and economic consequences, healthcare access, and capacity to finance care.
6. **Quality:** Care delivered should be in line with the available evidence and the needs, values, and preferences of the clients, free of stigma and with compassion and empathy.

Components of support for abortion self-care

Abortion self-care places women and girls firmly at the centre of the abortion process, as the key decision makers in control of their bodies. However, multiple stakeholders can also play a role in enabling and facilitating this process, by acting on three components of support for abortion self-care, which can be achieved using a variety of interventions, as follows: 1. Delivery of accurate and accessible information; 2. Access to quality and affordable medication; 3. Provision of supportive care.

Pathways to abortion self-care

Individuals may engage with enablers or facilitators of abortion self-care at any point during their ASC experience, through a variety of pathways. Other people supporting abortion users may also engage if, for example, seeking information on medication abortion from a hotline or purchasing pills on behalf of a friend, partner or relative. If, how, and when people seek and receive support during abortion self-care will vary widely according to an individual's needs and preferences.

Everyone's pathway to abortion-self-care will be different and will be informed by the environment, individual preference and care available. Figure 1 illustrates the potential touchpoints an individual may have with ASC interventions and ways that MAs can support the individual's journey with high quality information, medication abortion pills, counselling, and support.

Figure 1. Abortion self-care pathway

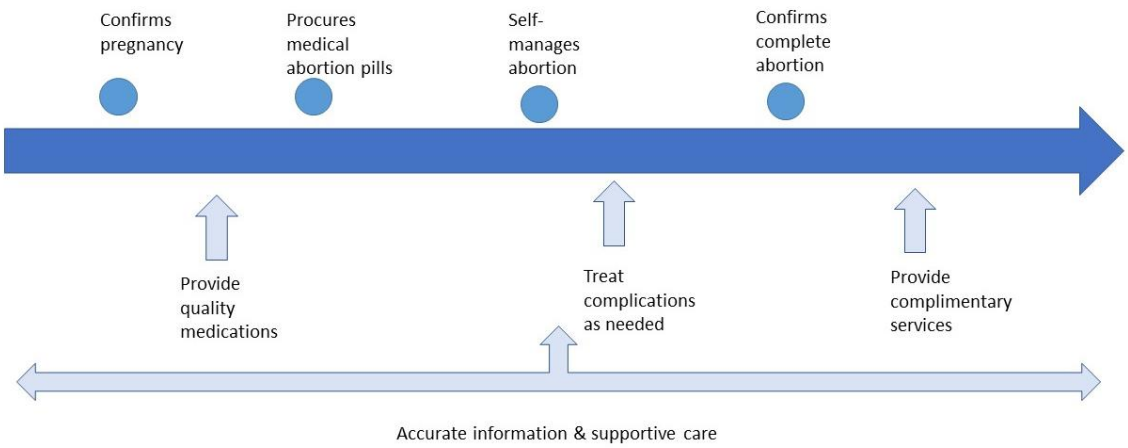

Table 1. Abortion self-care example interventions

Abortion self-care steps	**Example Interventions to facilitate/ enable self-care**	
	What?	**How?**
Confirms pregnancy and gestational age	**Provide accurate information**: • Options to end a pregnancy, including methods of abortion • The medical abortion process • Estimating gestational age • Pathways to care **Provide supportive care**: • Provide or refer for services to confirm gestational age if needed • Provide or refer for services in cases on contraindications to MA, or if the woman prefers surgical abortion	✓ Digital/ social media ✓ Hotlines/ SMS Chat ✓ Websites ✓ Community interventions ✓ Hotline/ Phone/ SMS/ Webchat ✓ Community agent ✓ In-clinic care ✓ Referral mechanisms
Procures medical abortion pills	**Provide access to quality medical abortion pills**: • Provide information and/or referral on where to procure quality pills • Provide information on what brands of quality products to procure • Directly provide the quality abortion pills	✓ Referral partnerships with pharmacists ✓ Provision of prescriptions, in-person on digital ✓ Community-based distribution ✓ Provision of MA from SDPs

	• Provide a prescription for quality abortion pills	
Self-administers medical abortion 	**Provide supportive care**: • Guidance on how to take the pills • Information on warning signs of complications/ continuing pregnancy • On-demand support (i.e. reassurance, advice, emotional support) • Referral and provision of in-clinic care if needed	✓ Hotlines/ Phone/ SMS/ Webchat ✓ Community agent ✓ In-clinic care ✓ Referral mechanisms
Confirms completion of abortion 	**Provide accurate information**: • Guidance on how to confirm the abortion was successful • Information on warning signs of complications/ continuing pregnancy **Provide supportive care**: • Provide or refer for services to treat complications • Provide or refer for complementary services if wanted, e.g. post-abortion contraception	✓ IEC/ Leaflets booklets ✓ Digital/ social media ✓ Hotlines/ SMS Chat ✓ Websites ✓ Hotline/ Phone/ SMS/ Webchat ✓ Community agents ✓ In-clinic care ✓ Referral mechanisms

Programme interventions to facilitate abortion self-care

A. Accurate and accessible information

Digital health interventions (DHIs)

When used appropriately, DHIs provide high-reach, low cost interventions and have the potential to support selfcare in ways that respond to clients ' individual needs. DHIs have huge potential to reach clients to support their access to SRH information and services by improving accessibility, effectiveness, and efficiency, particularly among marginalized clients who face additional barriers to accessing healthcare. Examples of DHIs can include use of social media, websites, and hotlines and helplines, to provide accurate information, counselling, and referrals on abortion care.

Safe abortion hotlines and helplines

Safe abortion hotlines and helplines provide accurate and high-quality information on how to effectively and safely self-administer medication abortion, and how to access medications. Those who call into the hotline receive information and counselling from trained hotline workers. Clients who call the hotline can receive information about the different regimens of medication abortion (i.e. mifepristone with misoprostol or misoprostol-only); how to take the medication effectively and safely; how to manage side effects and aftercare; and when to seek additional medical care for complications. Hotline workers may also provide recommendations on where to go to obtain the

pills based on the client's local context. In addition, hotlines may also offer information about contraception, prenatal care, adoption services, and other sexual and reproductive health matters (Jelinska and Yanow 2017).

Case study: Helplines in Poland, Brazil and Nigeria (Baum 2019)

The helplines in each country had different models: 1) in Poland, women could connect to other women through an online forum, as well as communicate with lay health counsellors, 2) in Brazil, women could communicate through email to an international organization that offered pills by mail, 3) in Nigeria, women could call a hotline and speak to a counsellor throughout their abortion process. Based on interviews with people who contacted helplines in Poland, Brazil, and Nigeria, researchers found that many women did not know about medication abortion prior to contacting the helpline, and those that did often had safety concerns or negative associations with the process. When contacting the helplines, some women had avoided medical providers out of fear of discrimination, and others had already experienced stigma or denial of services at other facilities. They tended to find information about the hotline/helplines from the internet or family/friends. They reported receiving clear information in a timely manner, and being treated with kindness, compassion, respect, and without judgment.

Community interventions

Community-based activities such as peer education sessions and the distribution of information, education, and communication (IEC) materials can be effective strategies to share information on abortion self-care. These strategies can be used alongside DHIs to help bridge the digital divide and reach those without access to the internet. Specific interventions can include organizing community awareness activities and engaging peer educators to provide information to young people.

Organizations can harness their expertise in engaging with communities who are typically excluded from traditional health systems, including young people, sex workers and other marginalized populations. Community-based interventions enables information to be specifically tailored to these groups to improve their knowledge and awareness of abortion self-care and support mechanisms available.

Health facility-based

Traditionally, abortion care has been provided primarily through health-facilities. While self-managed medical abortion takes abortion care outside of health facilities, some women may still prefer to attend a health facility for initial counselling and consultation on abortion. Information and counselling on abortion provided through health facilities should include information about all possible methods of abortion and models of abortion care, including surgical and medical abortion, and facility-based care, and abortion self-care. Clients should be supported to choose and receive their preferred method of abortion and model of care, that best suits their needs and preferences.

B. Access to quality medical abortion pills

Community-based distribution

Community-based distribution works to build networks of trained health workers or counsellors in communities where medication abortion is hard to access to provide clients with evidence-based information about and access to medical abortion. These health workers are trained on… and on , and provide quality medical abortion pills to women to self-administer.

Case Study: Community-based distribution along the Burma-Thailand border (Foster 2017)

In 2011, a community-based distribution program located along the Burma-Thailand border provided Burmese- and Karen- speaking women seeking abortion with information about misoprostol and free medication. The program was led by a physician, health workers, and a social worker. Program leaders were given training about the misoprostol-only regimen, as well as side effects and complications, and where women could go to receive post abortion care. Researchers reviewed logbooks to assess pregnancy outcomes. Of the 918 women who received abortion pills through the community-based distribution program, 885 women (96.4%) were not pregnant at follow-up, 29 were pregnant at follow-up (3.2%), and four women were lost to follow-up (0.4%).Interviews with providers also revealed that providers were motivated to participate in the program because of concerns surrounding unsafe abortion in the community, and view their work as a public health intervention.

Referral partnerships with pharmacists

Workers in pharmacy/drug shops can provide medications and information for self-managed abortion clients. As many people access medical abortion pills through pharmacies and drug shops, it is important that pharmacists and pharmacy workers are familiar with the correct use of medical abortion pills and are trained on how to provide this information when dispensing the medication.

A systematic review of medical abortion provision by pharmacies and drug sellers in low-to-middle income countries found that pharmacies are often a preferred source of health care because of their convenience, anonymity, and low cost. However, researchers also found that most studies found that pharmacy workers and drug sellers had poor knowledge of effective regimens (Footman 2018).

Case study: Improving pharmacy provision in Nepal (Tamang 2018)

In Nepal, pharmacists were given training on how to dispense medication abortion pills, based on a harm reduction approach (Group 1). The research compared efficacy and safety with women who bought the pills from pharmacy workers in another district, who had received similar training in 2010 (Group 2). Researchers found that the rate of complete abortions between the two groups was 96.9% and 98.8% and was not statistically significant. The women reported no serious complications.

Case study: Mystery client study at pharmacies in India (Diamond-Smith 2018)

In India, 234 mystery clients attempted to obtain information from pharmacies about self-managing their abortion with pills. This study found that the quality of information provided was low, especially related to timing and dosing of misoprostol (18% of pharmacists knew correct timing) and side effects (31% not telling any information on side effects). In addition, mystery clients reported lower quality (less correct information) than pharmacists reported about their own behaviours.

Pills by post/ Digital prescription

Women may not be able to easily access medical abortion medication from a health facility or pharmacy directly. In order to overcome barriers to access, medical abortion can be provided remotely, either by mailing quality medical abortion pills or by providing digital prescriptions that can be filled at a pharmacy. Pills by post is a popular mechanism used by international organizations such as Women on Web and Women Help Women to send abortion medication internationally across country borders. However, it is also a strategy that can be used within countries, to facilitate access to abortion medication for women who would otherwise not be able to. Similarly, digital prescriptions for medical abortion can be sent electronically to women when a prescription from a health worker is required, but remote consultation has been provided.

C. Provide supportive care

In-clinic care

Abortion self-care should ideally take place within a supportive health system, with in-clinic abortion services readily available and accessible. Clinic-based care that can be provided to support a person undertaking abortion self-care can include counselling, clinical services such as treatment of incomplete abortion, management of complications and follow-up care including post-abortion contraception. Even in contexts where abortion is legally restricted, it is legal and appropriate for trained counsellors based at a clinic/health care facility to provide information and medical care to women before and after self-managed abortion.

Case study: Clinic-based counseling in Peru (Grossman, 2018)

In Peru, a clinic system implemented a harm-reduction model for women with unwanted pregnancy at a time when abortion was legal only to preserve the life and health of the woman. The harm-reduction counselling included pre-abortion care with instructions about misoprostol use as well as post-abortion care. Researchers found that 89% reported a complete abortion with very few adverse events. Women also reported high levels of satisfaction both for follow-up through in-person visits or by telephone.

Community agents/ accompaniment groups

Accompaniment models to support self-managed abortion utilizes de-centralized networks of activists, volunteers, and/or peers who provide people with step-by-step information on how to safely use medications, information about possible warning signs, how to assess completion, and strategies for safely interacting with the formal health care system in the event of needing or wanting medical care.

Case study: Feminist medical abortion accompaniment in South America, Southeast Asia, and West Africa (Moseson 2020)

The Studying Accompaniment Model Feasibility & Effectiveness (SAFE) Study has evaluated the safety and effectiveness of accompaniment models. In 2019, researchers enrolled callers who contacted the accompaniment groups in three countries into a study to measure the safety and effectiveness of self-managed medication abortion with accompaniment support. Three weeks after taking the medications, 192 (95%) participants reported feeling that their abortion was complete. This was a pilot study and a full study is in process.

Digital Health Interventions

DHIs provide high-reach, low-cost interventions and have the potential to support abortion self-care in ways that respond to individual needs. DHIs have huge potential to reach clients to support their access to information and care by improving accessibility, effectiveness, and efficiency, particularly among marginalized clients who face additional barriers to accessing healthcare through the formal health system or by visiting health facilities. DHIs that can be used to provide care and support to individuals during the abortion self-care process include the use of hotlines, SMS, and webchat functions.

Case study: Planned Parenthood Association of Ghana (PPAG) The Yenkasa Contact Centre

PPAG's objective was to develop an innovative people-centred intervention that would increase access to stigma-free abortion-related services for young people. After engaging a diverse group of

young people, they created a helpline called ‘Sister Support’. The helpline is free, confidential, and staffed by friendly female peer counsellors who provide stigma-free information, counselling, and support to young people on pregnancy choices and abortion, and links them to services. The ‘Sister Support’ helpline operates from a centralised contact centre called the Yenkasa Contact Centre. PPAG has been able to reach more than 300,000 people with quality abortion-related information over an eight month period, and provided supportive services for abortion self-care to more than 300 women and girls across Ghana.