IPPF International Planned Parenthood Federation

SUPPORT SERVICES FOR ABORTION SELF-CARE
STANDARD OPERATING PROCEDURES (SOPs)

1. BACKGROUND

Abortion self-care is the right of women, girls, and pregnant people to lead, in part or entirely, their abortion process, with or without support from health providers.

Self-care can offer people autonomy and empowerment in their reproductive health decisions. Yet, the formal health systems can and should offer easy links to care as a key part of a woman's support network in her self-care journey, if, and when she should choose to seek that support.

Such care and support can include the provision of accurate information and counselling, support to determine eligibility for self-managed medical abortion, provide access to quality medical abortion medication, reassurance of normal symptoms, treatment for adverse events, and follow up care including the full range of post-abortion contraception options, if desired.

Abortion self-care is underpinned by the following principles: rights-based; person-centred; inclusive; equitable; quality. Quality abortion self-care services should be delivered in line with the available evidence and the needs and preferences of the client. Quality of care considerations for providing abortion self-care include to:

- Support the client's capacity to obtain, process, and understand evidence-based health information, explore their options, ask critical questions about their choices, and actively participate in decisions and tasks concerning their care.
- Support the needs, values, and preferences of the clients, free from stigma and with compassion and empathy.
- Facilitate access to medical care when chosen and needed, with referral mechanisms in place for women to access in-clinic care, including in case of complications or for complementary services.
- Provide access to quality medical abortion pills - mifepristone and misoprostol.
- Support the client to have the conditions to undertake the abortion with the desired level of privacy.
- Provide timely care without creating unnecessary barriers and delays.

2. PURPOSE OF THESE SOPS

This template SOP is designed to give guidance on how to structure and provide services to facilitate self-managed medical abortion. While there are multiple support mechanisms, care interventions, and service models that can be used to support abortion self-care, these SOPs outline a model whereby a health worker facilitates and supports the abortion process, either remotely or in person, and the pregnant person self-manages the abortion without supervision from a health worker.

Health worker – Information provision and counselling; eligibility assessment; dispense medication abortion; ongoing support and follow-up as needed or requested.

Pregnant person – Self-administration of abortion medication; self-confirmation of abortion completion, if desired.

3. SUPPORT SERVICES FOR SELF-MANAGED MEDICAL ABORTION

a. Initial options counselling

Most women will have already made the decision to end their pregnancy prior to seeking abortion care. The purpose of this session is to help her with any questions she may have about her pregnancy options and to provide information about the methods of abortion available (both surgical and medical) and the pathways to care available (facility-based, self-managed medical abortion or a hybrid of the two).

b. Assessment/ eligibility screening

Once a client has chosen abortion self-care as their preferred pathway to care, an assessment of the client can be undertaken using an eligibility screening tool [see Annex 1]. This screening tool can be used to help determine whether a client can safely and effectively self-manage an abortion, according to criteria including gestational age and any contra-indications.

At this stage, the client should be reassured that this step is supporting them to determine whether abortion self-care is a safe and effective method for them. They should be supported to provide as accurate information as possible in answer to the screening questions. It's important for the client to know that if for any reason abortion self-care is not recommended, they will be supported with in-facility care options.

c. Abortion self-care counseling

After the client has been determined eligible for abortion self-care, providers should proceed with comprehensive abortion self-care counseling. Information provided on abortion self-care should include:

- what will happen at each stage of the process
- what medication will be given and what effect it will have
- how to correctly administer the medical abortion medication, including timing and routes of administration
- what she is likely to experience, including cramps, bleeding and nausea
- how long the abortion will take
- what pain management options she has
- possible side effects
- signs of complications and when to seek medical attention
- how to determine that the abortion is complete
- what aftercare and follow-up is available.

Clients should also be provided with comprehensive counselling on contraception, if they are interested, and should be supported to access their preferred method. They should be advised about which methods can be self-administered (sayana press, oral pills, condoms), which can be started immediately with the first dose of medical abortion (pills, injectables and implants), and which methods will require a visit to the clinic (implants, IUDs and female sterilization).

Further information on counselling content can be found in the IPPF Comprehensive Abortion Care Guidelines (2021) pages 18 – 20, the IPPF Client Centred Clinical Guidelines (2022) Chapter 4, and in the WHO Abortion Care Guideline (2022) pages 34-40.

d. Client Consent

Client consent should be provided and documented before the service is provided. For clients who receive services entirely remotely, where written consent is required, virtual solutions can be explored such as use of Google Forms, whereby a link can be sent to the client to complete a consent form. The completed form can be retrieved and filed at the facility as a form of documentation. For virtual consent forms, strong security and privacy protections should be put in place to ensure that electronic forms are protected as manual forms would be.

e. Provision of medication

Clients should be provided with a package of medication and supportive materials to enable them to self-manage their abortion. The package should be given in a plain bag or envelope and include the following at a minimum:

- Medical abortion medication - either a medical abortion combi-pack containing 1 x tablet of mifepristone & 4 x tablets of misoprostol OR where mifepristone is not available, misoprostol-only containing 12 x tablets of misoprostol. Remove the packet insert from the medication before sending, as these inserts often provide unclear or inaccurate instructions around usage.
- Easy to understand step-by-step instructions detailing how to take the abortion medication, with visual instructions provided for low literacy clients.
- Pregnancy test kit
- Pain relief medication e.g. Ibuprofen
- Any chosen method of contraception Sayana Press, Pills, Condoms (if requested and suitable)
- Sanitary pads
- A contact card with a telephone number of a health worker they can call for additional support and advice, and the address of the MA clinic

Clients should choose how they want to receive this package - either have it delivered via a courier or collection at the facility or pharmacy. Clients should be encouraged to confirm receipt of the package.

f. Support during the abortion

Support during the abortion should be made available if wanted or needed by the client. A telephone number should be provided which clients can call or SMS during the abortion if they have questions, concerns, need reminding about the correct administration of the medical abortion pills or require emotional support. Clients should also be given the address of the MA facility closest to them, or an alternative health facility if no MA clinic is within easy travelling distance, in case they wish or need to visit a clinic for any reason during their abortion.

g. Managing potential complications

Comprehensive counselling, screening to determine eligibility and the provision of quality medical abortion medication should result in safe and effective self-managed medical abortion in most cases. However, as with in-facility abortion care, a small percentage of complications may occur. The following provisions should be made to ensure effective management of complications:

- All clients counselled to recognize the signs of complications and understand the difference between normal side effects and signs of complications.

- All clients should be aware of what to do in the event of a complication. They should have the address of their closest health facility and be advised to put a plan in place for how to reach their closest facility in the event of a complication.
- All clients should be given an emergency contact number to call in case they require assistance.
- All MA clinics and referral facilities should be equipped with emergency medicines, the necessary equipment, and trained providers skilled in the management of abortion complications.

h. Post-abortion care and follow-up

Routine follow-up after an uncomplicated self-managed medical abortion using is not necessary. Clients can be advised on how to confirm completion of the abortion, without need for a follow-up appointment. However, a follow-up appointment should be offered and provided to all clients who would like one. Follow-up can be provided either remotely through digital channels such as phone or web chat or in-person through a clinic visit or visit to the woman's home and may be scheduled 1-2 weeks after abortion.

4. Services that are not mandatory

The following services should be provided only when clinically indicated and should not be a prerequisite for providing abortion services:

- **Ultrasound Scan:** The client should not be asked to undergo an ultrasound scan routinely. The eligibility screening tool can be used to determine gestational age and rule-out ectopic pregnancy.
- **Anti D Injections:** Clients with pregnancy under 12 weeks gestation should not be required to undergo anti-D administration.
- **Lab tests:** Clients should not be routinely tested for HB-related issues or required to undergo other tests or screening such as cervical cancer screening.
- **Follow-up consultation:** As outlined above, clients should not be required to attend a follow-up appointment to confirm a successful procedure.

5. Service cost and payment

The service fee should be kept low-cost and affordable for clients. A no-refusal policy should be put in place for clients who cannot afford to pay. For clients who are receiving the service entirely remotely, remote payment options can be explored such as mobile money services.

6. Data collection and reporting

Abortion self-care client information and services should be documented using CMIS in the same way as in-facility services. This will enable continuous monitoring of quality of care, client characteristics, referral pathways, and safety and effectiveness. The following steps should be considered:

a. An existing client record (if it is a returning client) or new record should be created by the reception team/service provider when receiving a call, SMS or other notification from a client seeking abortion counselling. The client's name, contact details, referral pathway and other background information should be recorded.

b. Client interactions during and following the abortion self-care process should be documented in the client record as appropriate including: counselling, provision of medication, post-abortion contraception, referral for in-facility care, and treatment of complications.
c. Complications reported by clients either remotely or in-person should be documented in their client record. This will enable facility and programme staff to carefully monitor the safety of abortion self-care services compared to in-facility services.

Resources

- IPPF Comprehensive Abortion Care Guidelines (2021) - Abortion Care – Guidelines | IPPF (ippfmaforum.org)
- IPPF IMAP Statement on Abortion Self-Care (2021) - https://www.ippf.org/resource/imap-statement-abortion-self-care
- IPPF Client Centred Clinical Guidelines (2022) - https://www.ippf.org/cccg
- WHO Abortion Care Guideline (2022) - https://srhr.org/abortioncare/
- WHO Guidelines on Self-Care Interventions for Health and Well-being (2022 revision) - https://www.who.int/publications/i/item/9789240052192

Appendix 1

ASSESSING ELIGIBILITY FOR SELF MANAGED MEDICAL ABORTION

Most women will be eligible to undertake self-managed medical abortion (SMMA) safely and effectively. However, gestational age must be determined, and medical contraindications ruled out before a person proceeds with SMMA. SMMA is a World Health Organization recommended method of abortion in pregnancies up to 12 weeks gestation.

S. N	QUESTIONS	ANSWER	GUIDANCE
	Last Menstrual Period		
1	Does the client know the date their last menstrual period began?	Yes	Make note of LMP and proceed with screening (if less than 12 weeks gestation).
		No	Support the client to remember date of LMP with the aid of a calendar and significant dates, and other factors in the woman's history e.g: • did her LMP occur around a birthday, holiday, or other memorable date? • when did she first have a positive pregnancy test? • when did intercourse occur? If LMP still cannot be remembered, the following questions can be asked to determine eligibility: • Are you more than 9 weeks pregnant? • Are you more than 2 months pregnant? If still uncertain, request the client has an ultrasound
2	Was it a normal period, or was it especially light or heavy? (The woman should judge if the period was normal, heavy or light based on her experience of previous periods).	Normal	Proceed with screening
		Especially light	Take date of the last normal LMP as accurate
		Especially heavy	Do a repeated pregnancy test and take the LMP date as accurate

3	Does the client have regular periods (at least one every 6 weeks)	Yes	Proceed with screening
		No	Request the client has an ultrasound if periods are less frequent than 6-weekly
	Precaution		
5	Does the client have an IUD/IUS in place at the time of conception?	Yes	Refer client to clinic for IUD removal if they want to proceed with medical abortion. SMMA is possible following IUD removal.
		No	Proceed with screening
6	Was the client using any hormonal method of contraception at the time of conception (implant, injectable or pills)?	Yes	Make note of the type of contraception used and proceed with screening
		No	Proceed with screening
7	Does the client have any symptoms of anaemia, - bleeding disorders, - previous blood transfusions, and/or any - haemoglobinopathies	Yes	Refer client to a clinic for further assessment. Clinical judgement is needed to assess if medical abortion and SMMA is an appropriate option.
		No	Proceed with screening
8	Does the client have any serious chronic disease, including heart disease?	Yes	Refer client to a clinic for further assessment. Clinical judgement is needed to assess if medical abortion and SMMA is an appropriate option.
		No	Proceed with screening
	Contraindication		
9	Does the client have a known allergy to mifepristone, misoprostol, or other prostaglandins?		
10	Does the client have adrenal failure?		
11	Does the client have a history of previous ectopic pregnancies?		

12	Does the client have symptoms suggestive of ectopic pregnancy? ○ Abdominal or pelvic pain (usually one-sided) ○ Spotting/irregular bleeding ○ Vaginal bleeding	If 'Yes' to any of the questions, counsel the client and refer to the clinic for further assessment and appropriate management.
13	Has the client ever had surgery on their Fallopian tubes (e.g. tubal ligation) or been told, following an operation, that their Fallopian tubes are damaged?*	

*Note - Women who have previously had cesarean section are still eligible for self-managed medical abortion. A caesarean involves an incision in the uterus, not the fallopian tubes.