



USAID
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

Postabortion Care: Protecting Health and Saving Lives

Postabortion care (PAC) is an important intervention for treating the health complications stemming from abortions. PAC also has been widely embraced as an important intervention linking women to family planning and other reproductive health programs.

USAID places high priority on preventing abortions through the use of family planning and on saving the lives of women who suffer complications arising from abortion.(1) Between 10 and 50 percent of women who undergo abortions need medical care for life- and health-threatening complications (such as infection, hemorrhage, and injury to internal organs), which occur mainly among women in the developing world.(2)

While USAID supports treatment of abortion-related complications, USAID does not support abortion as a method of family planning.

The White House press release that accompanied President Bush's memorandum of January 22, 2001, which restored the Mexico City policy, says that "the President's clear intention is that any restrictions do not limit organizations from treating injuries or illnesses caused by legal or illegal abortions, for example, postabortion care." USAID will continue to support PAC activities, and foreign organizations are permitted to implement such activities without affecting their USAID family planning assistance. It should be noted that USAID does not finance the purchase or distribution of manual vacuum aspiration equipment for any purpose.

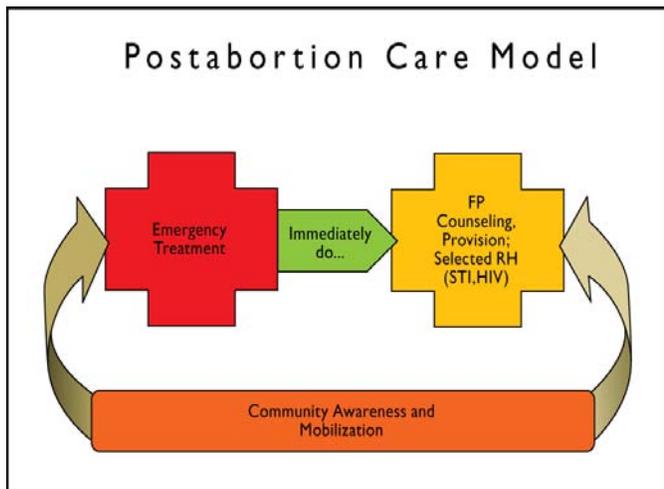
USAID is the largest single donor in providing emergency care for complications from abortion. In addition to treating the medical emergency, USAID also offers family planning counseling and services to prevent another unintended pregnancy that could lead to abortion. PAC also presents the opportunity to identify other health needs, link women to appropriate care, and open the door to discussion of such issues as HIV/AIDS, other sexually transmitted infections (STIs), and other gynecological problems or concerns women may have.

How USAID Programs Help

In regions where USAID works, programs are directed towards countries with high maternal mortality and high rates of unsafe abortion.

USAID's model for PAC includes the following elements:

1. Emergency treatment for complications of abortion
2. Family planning counseling, service provision, and referral for selected reproductive health care
3. Community awareness and mobilization



Training health care providers in Egypt. USAID supported a pilot study in two Egyptian hospitals in which providers were taught improved treatment for emergency complications, counseling techniques for discussing contraception with patients, and the importance of providing referrals for other reproductive health needs. The proportion of patients intending to use a contraceptive method increased from 37 percent before the intervention to 62 percent.(3)

Increasing access to PAC services in Kenya. In Kenya, USAID has funded programs to train nurses and nurse-midwives in three provinces to provide PAC. After the training, virtually all the nurse-midwives achieved acceptable standards of performance, resulting in a rapid expansion of PAC services. Over 80 percent of PAC patients received

family planning counseling, and 100 percent of those who did not want to become pregnant accepted a contraceptive method.(4) This helped reduce maternal mortality from childbirth and abortion complications. Nationally, maternal mortality declined from 590 deaths per 100,000 live births in 1998 to 414 in 2003.(5)

Improving medical practitioners' understanding of the need for emergency health services in Bolivia. USAID began funding PAC activities in Bolivia in 1995. One major achievement was a change in provider attitudes and behavior toward clients requiring PAC. As a result, more women are receiving family planning counseling and a contraceptive method. An operations research study found increases in the proportion of women seeking information varied by region, from 33 to 68 percent at one site and from 2 to 11 percent at another.(6)

Providing family planning counseling and services to women treated for abortion complications is essential in helping women repeat unintended pregnancies and abortion. A study in Zimbabwe followed up postabortion patients for one year. The study found that family planning services offered on the emergency ward significantly reduced unintended pregnancies and led to a reduction in repeat abortions.(7)

PAC should be included in national health guidelines. Many countries, including Burkina Faso, Indonesia, Turkey, Brazil, and Egypt, have included PAC guidelines and protocols either within national guidelines on reproductive health or as part of emergency obstetric care guidelines. A further advance is to include PAC in national health plans. Bolivia, which only a dozen years ago had restrictive policies on family planning, has now embraced family planning and PAC. The national health insurance plan includes free coverage for PAC and large signs on hospital walls proclaim "health is a right for all" and list services for women, including PAC.

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(1) United Nations Population Fund. (2005). State of World Populations, 2005. Accessed May 1, 2006; http://www.unfpa.org/swp/2005/presskit/factsheets/facts_rh.htm (2) World Health Organization. (1997). *Unsafe abortion: Global and regional estimates of incidence of a mortality due to unsafe abortion with a listing of available country data*. Third edition. Geneva: World Health Organization.. (3) The Egyptian Fertility Care Society and the Population Council. (1995). *Improving the Counseling and Medical Care of Post Abortion Patients in Egypt*, Final Report. Cairo: Egyptian Fertility Care Society. (4) Rabb, M. (2000). Nurse-Midwives Expand Postabortion Care at the Community Level. *PRIME PAGES:ESA*, 3. (5) ORC Macro. (1998, 2003). *Demographic and Health Surveys*. (6) POPTECH. (2001). *Global Evaluation of USAID's Postabortion Care Program*. (poster from Meeting Women's Health Care Needs After Abortion, *Frontiers in Reproductive Health*, Program Brief No. 1. Washington, DC. (7) Johnson, B., Ndhlovu, S., Farr, S., & Chipato, T. (2002). Reducing Unplanned Pregnancy and Abortion in Zimbabwe through Postabortion Contraception. *Studies in Family Planning*, 33(2), 195-202.