

WHO STANDARDS FOR MANAGEMENT OF POST-ABORTION COMPLICATIONS

Although complications from abortion are rare where performed by skilled personnel, the WHO has established that “every service delivery site at every level of the health system should be equipped and have personnel trained to recognize abortion complications and to provide or refer women for prompt care, 24 hours a day.”¹ Specifically, healthcare personnel should be provided with the training, support, and supplies to treat the following potential complications:

Incomplete abortion. Misoprostol is included on the WHO Essential Medicines List for the management of incomplete abortion.² In addition to having access to the drug, staff at all healthcare facilities should be trained and provided with equipment to treat incomplete abortion through re-evacuation of the uterus with vacuum aspiration. This treatment must be provided with special attention to the possibility of infection or hemorrhage.³ Healthcare facilities must be supplied with local anesthesia for completion of abortion using vacuum aspiration in the first trimester and for dilation and evacuation (D&E) in the second trimester. Where general anesthesia is used, staff must be skilled in management of attendant risks and be supplied with the necessary medications for the reversal of anesthesia, if necessary.⁴

Failed abortion. Failed abortion refers to cases where a woman has undergone a surgical or medical abortion, but her pregnancy continues. Healthcare facilities must possess the capacity to terminate a pregnancy through vacuum aspiration, or a D&E for second trimester pregnancies to treat such cases.⁵

Hemorrhage. All service-delivery sites must possess the capacity to stabilize a hemorrhage as quickly as possible, including through evacuation of the uterus and administration of drugs to stop the bleeding, intravenous fluid replacement, blood transfusions, laparoscopy, or exploratory laparotomy.⁶

Infection. Healthcare staff must be equipped and trained to provide treatment for infections that may result from unsafe abortions. Such treatment includes the administration of antibiotics and evacuation of the uterus where the infection is caused by retained products of conception.⁷

Uterine perforation. To treat uterine perforation, healthcare facilities must be equipped with antibiotics and be capable of conducting laparoscopies and laparotomies to diagnose and repair damaged tissue.⁸

The WHO has also established that post-abortion family planning is an essential element of post-abortion care. It has stated that “[b]oth women who have terminated a pregnancy through unsafe, unhygienic, and often illegal abortions, and those who have utilized elective induced abortion services as allowed by the jurisdiction, are in critical need of family planning services. These women have demonstrated their determination not to bear a child, yet they face a strong possibility of future unwanted pregnancy and, for the former, of unsafe abortion. The extension of family planning services to all women who have had an abortion will have significant repercussions for preventing unsafe abortion and reducing maternal morbidity and mortality worldwide.”⁹