

## WHAT DOES SAFE ABORTION LOOK LIKE?

**Abortion is one of the safest medical procedures when performed by skilled providers in medically appropriate settings. Where women have access to safe, modern abortion methods, their likelihood of dying as a result of the procedure is no more than one per 100,000 procedures. In countries where abortion is illegal, the incidence of unsafe abortion mortality and morbidity, is several hundred times higher than where abortion is legal and can be performed by professionals under safe conditions. Safe abortions require, at minimum, that the following steps be taken:**

- **Training for providers to accurately determine the length of pregnancy** by a bimanual pelvic examination.
- Recording of the **women's medical history** to detect any pre-existing conditions that may affect the provision of abortion, including bleeding disorders or potential drug allergies or interactions.
- Selection of an **abortion procedure that is most appropriate** given the length of pregnancy.
  - Safe methods include medical abortion (mifepristone with a prostaglandin such as misoprostol or gemeprost) during the first 9 weeks.
  - During the first 12 weeks, safe methods also include MVA or D&C where MVA and medical methods are not available.
  - After 12 weeks, dilation & evacuation, mifepristone together with repeated doses of prostaglandins, or prostaglandins alone in repeated doses.
- **Counseling** providing complete, accurate, and easy-to-understand information about the procedure, what to expect during and after the procedure, and voluntary counseling about options available to make informed decisions.
- Provision of abortion at the **earliest stage possible**, as risks associated with induced abortion, although small when abortion is properly performed, increase as the pregnancy progresses.
- **Medication for pain management**, including local anesthesia where surgical abortion requires manual cervical dilation, should always be offered.
- **Universal precautions for infection control should be used at all times.**
- **Follow-up care** after surgical methods in all cases and after medical abortion if the abortion is not complete before they leave the health care facility. This includes management of abortion complications.