



Abortion care guideline

Resource Kit

23 March 2022



Introduction to this Abortion care guideline



What is this guideline?

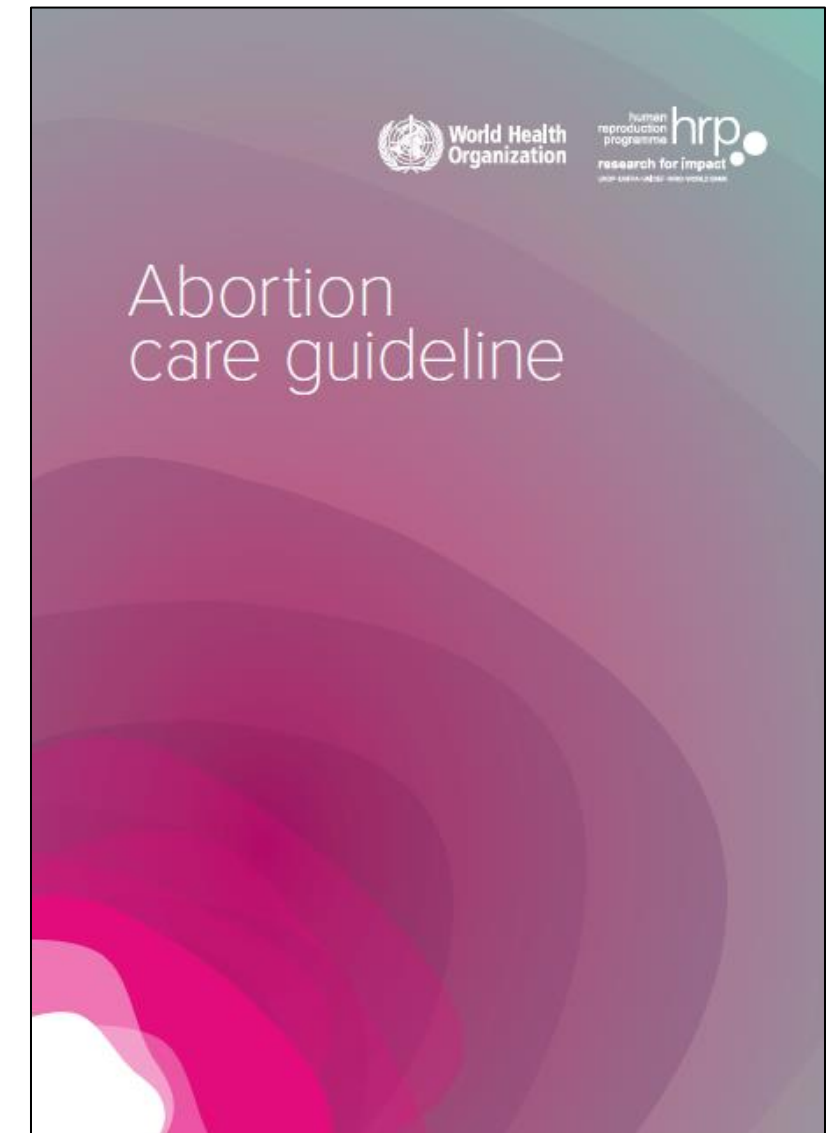
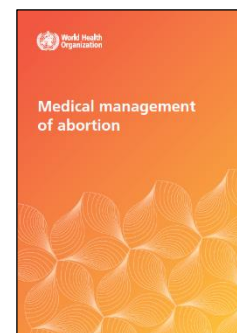
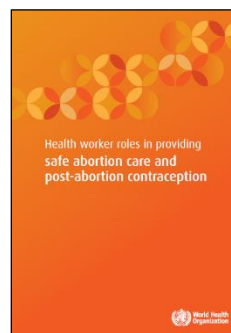
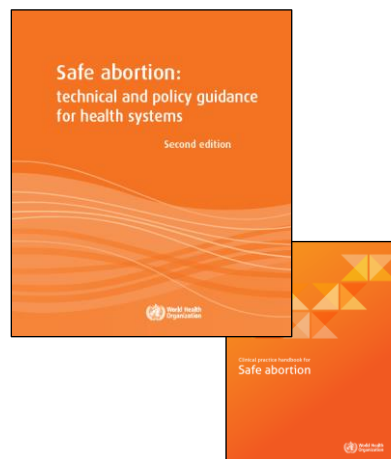
What is this guideline?

Replacing the recommendations in previous WHO guidelines

Abortion Care Guideline (2022) is an updated consolidated guideline, which replaces previous guidelines and related products:

- *Safe abortion: technical and policy guidance for health systems*, second edition (2012);
 - and the related *Clinical practice handbook for safe abortion* (2014) ;
- *Health worker roles in providing safe abortion care and post-abortion contraception* (previously known as the “task sharing” guidance) (2015);
- *Medical management of abortion* (2018).

The above publications are no longer valid. From now on, one should only refer to this updated, consolidated guideline *Abortion Care Guideline* (2022).



What is this guideline?

Consolidating the latest evidence

This updated guideline reflects recent evidence related to abortion care, on:

- clinical management
- service delivery
- law and policy

Unchanged, updated and additional recommendations



- A few recommendations remain **unchanged**.



- A majority of the recommendations have been **updated**.



- **Additional** recommendations have been included. These are either:
 - entirely new recommendations; or
 - recommendations that are now presented as separate recommendations, rather than as composite recommendations.



Conceptual framework

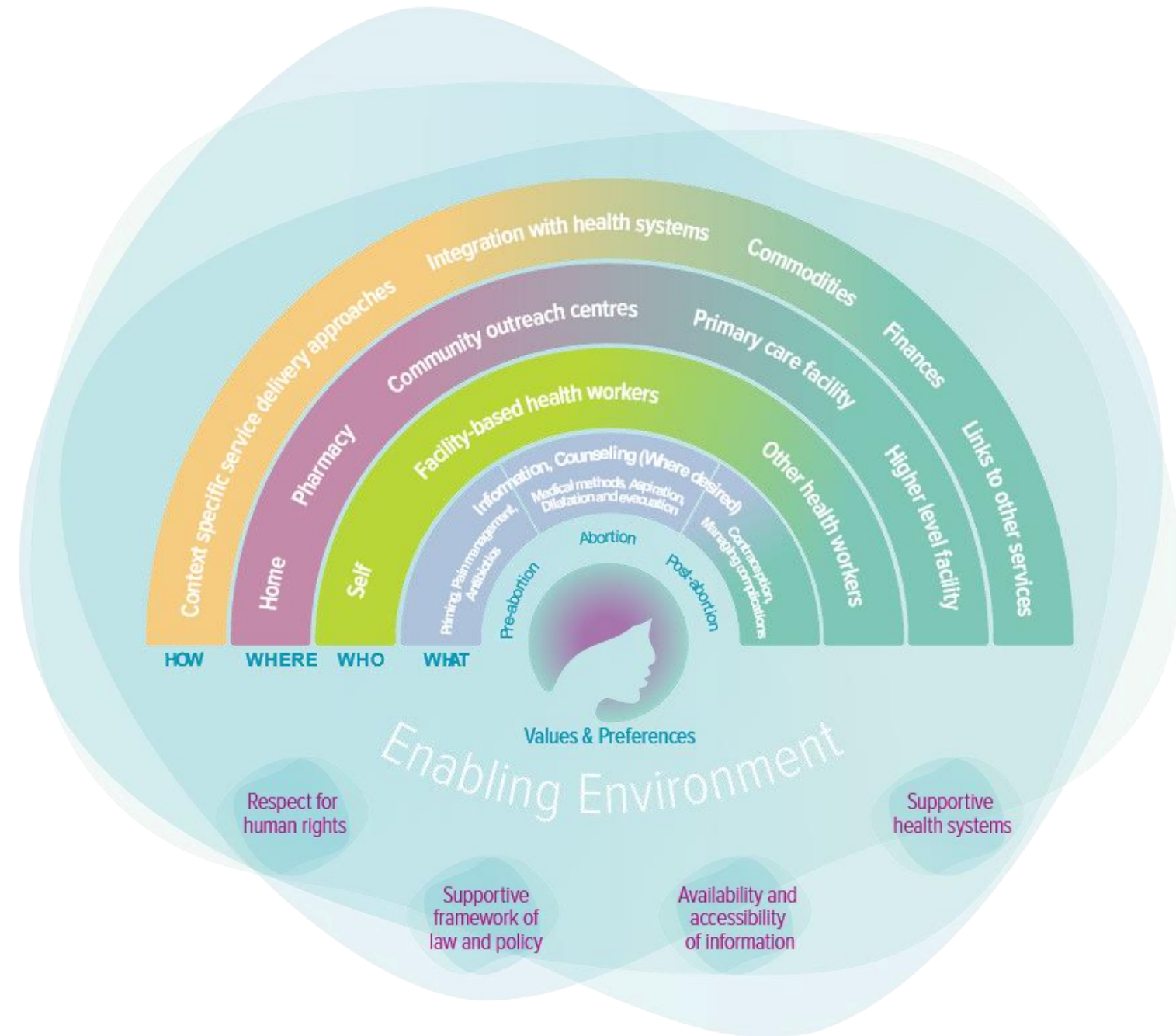
Conceptual framework

The individual and her needs and preferences at the centre

The conceptual framework for abortion care in this guideline recognizes and acknowledges the needs of all individuals with respect to abortion and is centred on the values and preferences of abortion seekers, considering them as active participants in – as well as beneficiaries of – health services.

Individual health preferences may vary; no one model of abortion care will meet the needs of everyone seeking abortion care.

However, the core values of dignity, autonomy, equality, confidentiality, communication, social support, supportive care and trust are foundational to abortion care and are reflected throughout this guidance.



Conceptual framework

Comprehensive abortion care

The guideline covers Comprehensive Abortion Care (CAC) across the continuum of care, including:

- **provision of information,**
- **abortion management** (including for different clinical indications), and
- **post-abortion care** (including follow-up care, treatment of complications and post-abortion contraception).

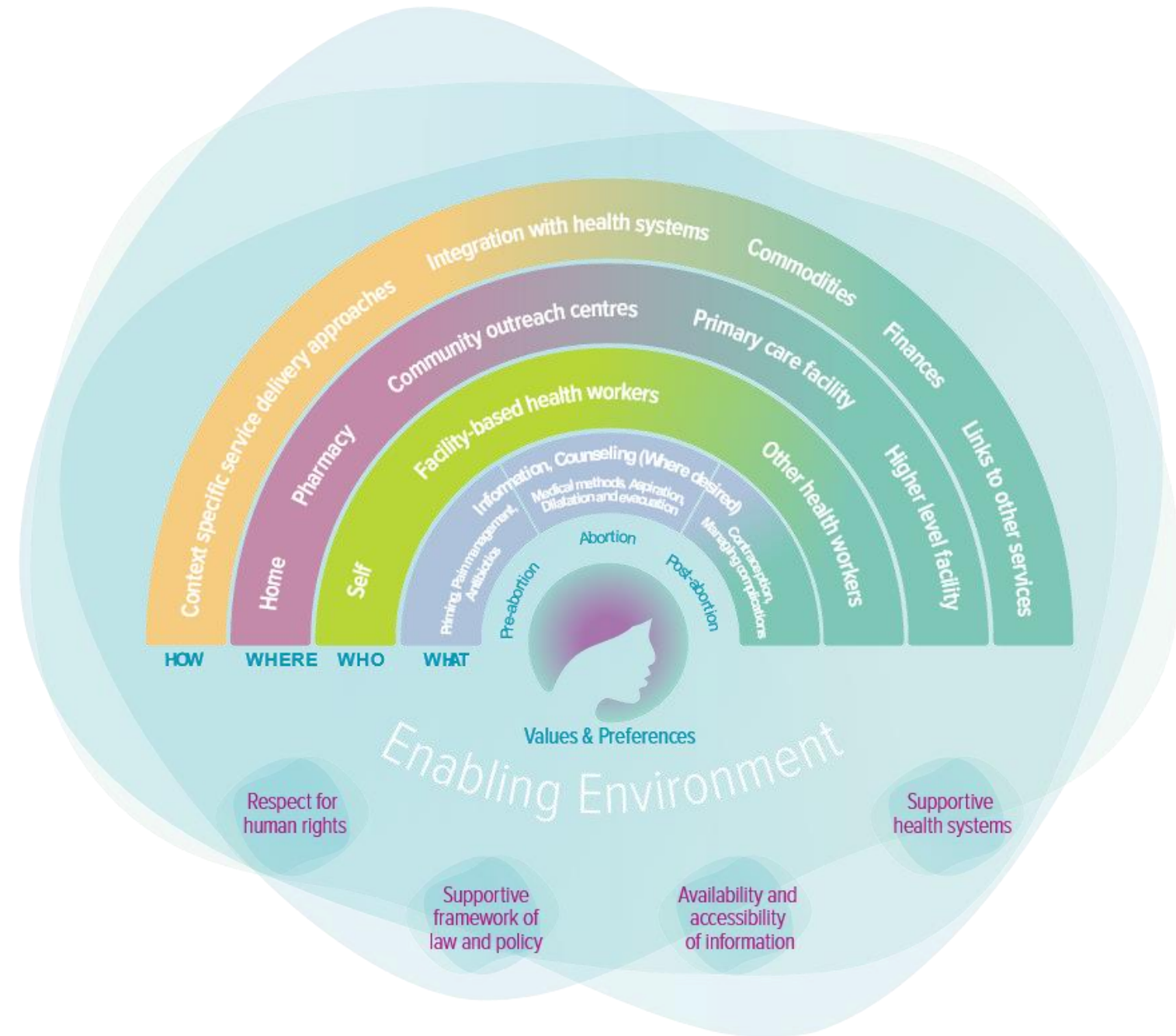
Recommendations across the abortion care pathway

The guideline includes clinical service recommendations for abortion management for different clinical indications, including induced abortion, incomplete abortion, missed abortion, and intrauterine fetal demise (fetal death).

As indicated by the arrangement of the guidance in this document, as a woman, girl or other pregnant person moves through the abortion care pathway –

- **pre-abortion,**
- **abortion** and
- **post-abortion care**

– health services must be integrated within the health system to ensure that service delivery meets people's needs equitably and without discrimination.



Conceptual framework

Recommendations on the How, Where, What, and Who

As each individual moves through the abortion care pathway, this guideline provides guidance on:

How

An outline of the service-delivery models that can be used

Where

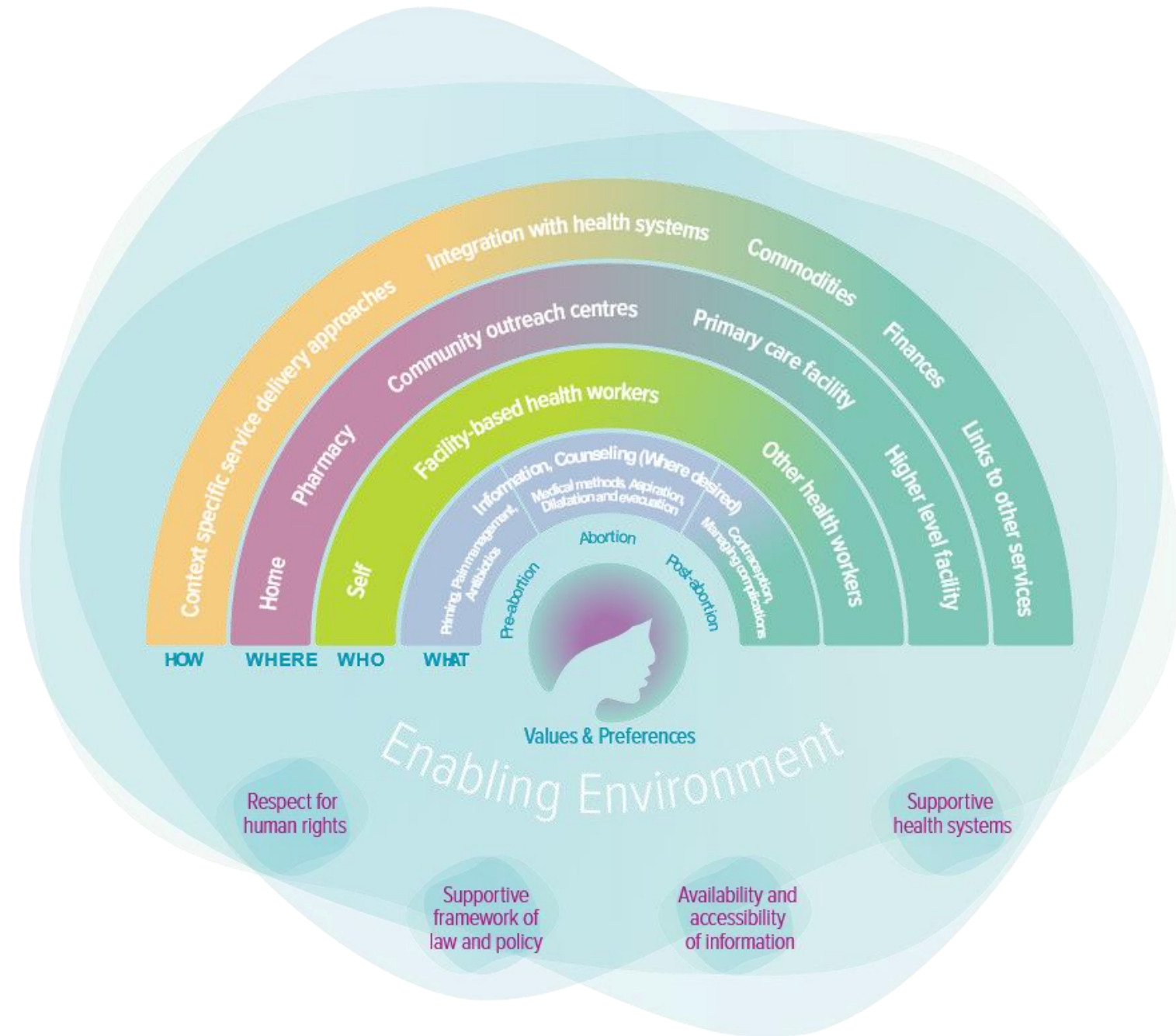
Information on the locations where services can be provided

What

Specific recommendations on the interventions needed

Who

Guidance on the individuals who may safely carry them out



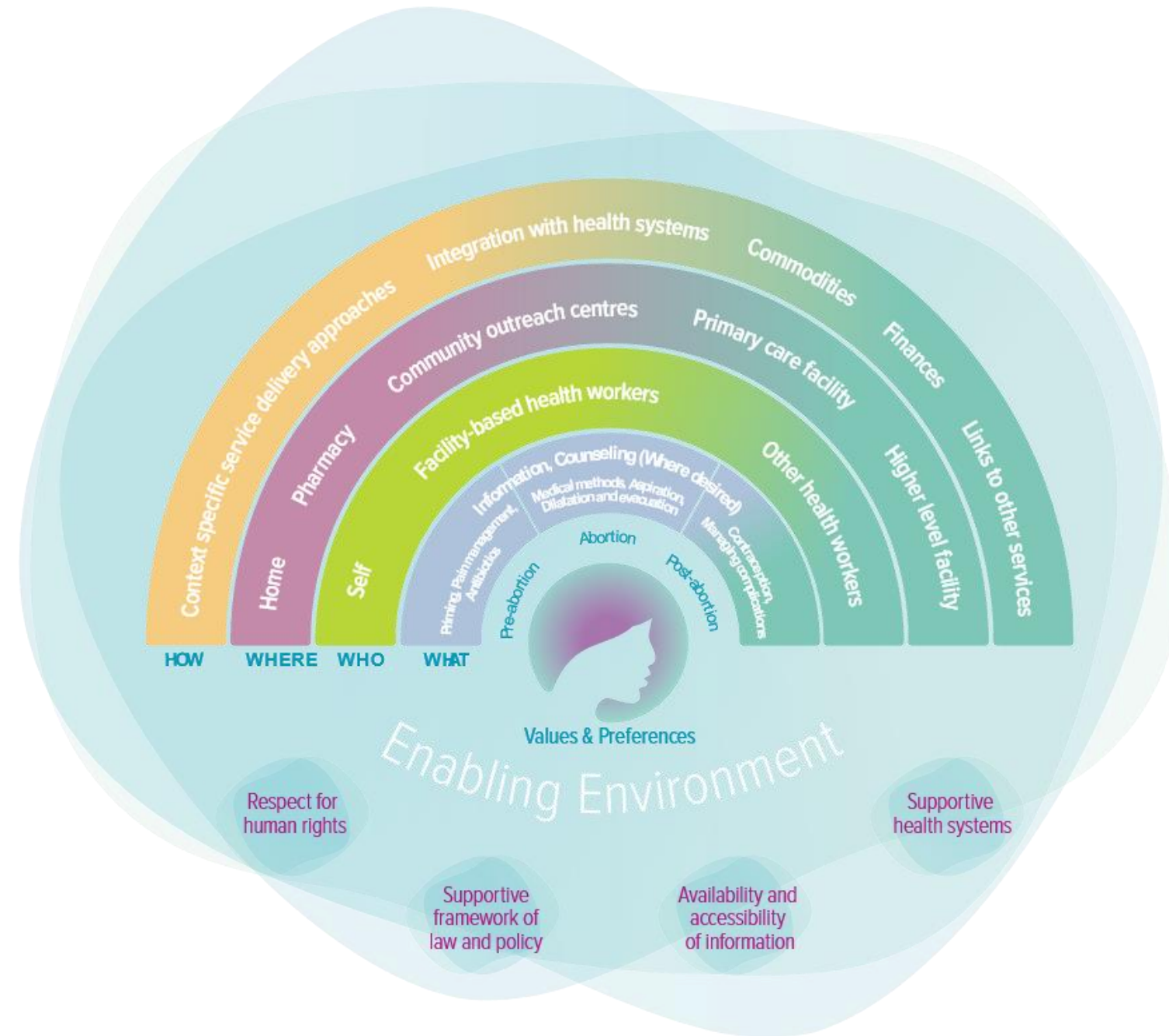
Conceptual framework


Enabling environment

Multiple actions are needed at the legal, health system and community levels so that everyone who needs it has access to comprehensive abortion care. A person's environment plays a crucial role in shaping their access to care and influencing their health outcomes.

An enabling environment is the foundation of quality comprehensive abortion care. The three cornerstones of an enabling environment for abortion care are:

1. respect for **human rights** within a supportive **framework of law and policy**
2. **availability and accessibility of information**, and
3. a supportive, universally accessible, affordable and well functioning **health system**.





Key concepts
underpinning this guideline

Key concepts

Abortion is health care

In the wake of the COVID-19 pandemic and based on lessons learned from previous disease outbreaks – when SRH services have been severely disrupted, causing individuals to feel disempowered and be exposed to preventable health risks – **WHO has included comprehensive abortion care in the list of essential health services** in certain recent technical publications and guidance.

Different areas, even within the same country, may require different approaches to designate essential health services and to reorient health system components to maintain these services.



Key concepts

Emphasis on *quality abortion care*, beyond *safe abortion*

Unsafe abortions continue to be a critical public health issue, putting the health and well-being of women and girls at risk, and being a significant and preventable contributor to maternal mortality and morbidity.

However, it is not enough that abortion is safe. The new WHO guideline on abortion reflects an increased emphasis on quality of abortion, highlighting the need of abortion care to not only be **safe**, but also

- **Effective**;
- **Efficient**, maximizing resource use and minimizes waste;
- **Accessible** (including being timely, affordable, and geographically reachable);
- **Equitable** (ensuring that access to and quality of abortion care is does not vary based on the personal characteristics of the person seeking care, such as their gender, race, religion, ethnicity, socioeconomic status, education, if they are living with a disability, or based on their geographic location within a country.)
- **Acceptable/person-centred**, incorporating the preferences and values of individual service users and the cultures of their communities.

This is in line with the WHO definition of health – as not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being. It is also in line with the WHO quality of care framework.



Key concepts

Human rights integration

While human rights have been addressed in previous work including in several previous WHO publications, this new guideline integrates human rights standards and obligations in a more formal and systematic manner. Human rights are integrated into the guideline as an overarching theme across the continuum of care. Each clinical care, health service delivery, and law and policy recommendation is accompanied by a box listing key human rights considerations relevant to the recommendation or broader topic.

This incorporation of human rights throughout the guideline is in line with the WHO mandate to include human rights in our recommendations.

Where

There is no requirement for location (on-site vs off-site), but privacy and confidentiality should be ensured during the provision of information, with particular attention needed to this requirement in the off-site (out-of-facility) settings, such as pharmacies and community-based sites, where infrastructure and procedures may make this more challenging.

How

Implementation considerations

- Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach (see section 3.6) as well as in-person interactions with health workers.
- Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations.

KEY HUMAN RIGHTS CONSIDERATIONS RELEVANT TO THE PROVISION OF INFORMATION

- Informed consent requires the provision of complete and accurate, evidence-based information.
- Accurate information on abortion must be available to individuals in a way that respects privacy and confidentiality.
- The right to refuse such information when offered must be respected.
- Abortion information should be available to all persons without the consent or authorization of a third party. This includes abortion information being available to adolescents without the consent or authorization of a parent, guardian or other authority.
- Information must be non-discriminatory and non-biased and presented in a respectful manner. It should not fuel stigma or discrimination.
- Dissemination of misinformation, withholding of information and censorship should be prohibited.
- Information should be acceptable to the person receiving it and of high quality; it should be presented in a way that can be understood and it must be accurate and evidence based.

For further information and sources, please refer to Box 1.2 and [Web annex A: Key international human rights standards on abortion](#).



Updated and additional
recommendations

Updated and additional recommendations

The guideline includes a range of updated and additional recommendations, including related to:

Expanding which abortion services that different types of health workers can provide

For most of the clinical interventions, the updated recommendations include a wider range of health workers who can provide the respective clinical service. Sometimes these health workers are introduced in the recommendation for the first time, in other cases, they are upgraded from being a **weaker recommendation**, to a **stronger recommendation**.

This includes expanded recommendations on which abortion care services (along the continuum of care) that can be provided by pharmacy workers, pharmacists, auxiliary nurses, nurses, midwives, associate/advanced associate clinicians, and the pregnant person herself.

Self-management approaches

As in previous WHO abortion guidelines, this new guideline supports self-management of medical abortion in early pregnancy (< 12 weeks of gestation). In this guideline, the overall process of self-management, as well as the three component parts of self-management, are now **strong** recommendations.

Telemedicine

The guideline includes an added recommendation on telemedicine services, which are now recommended as an alternative to in-person interactions with the health worker to deliver medical abortion care in whole or in part.

Best practice statements on service-delivery

The guideline includes best practice statements on service-delivery approaches for abortion care. These statements include emphasis on that there is no single recommended approach to providing abortion services and that a plurality of service-delivery approaches can co-exist. They also point out that, regardless of the service-delivery approaches used in any setting, the total range of options together must ensure certain elements, including access to accurate information and quality medicines, referral support, and linkages to post-abortion contraception for those who want it.

Updated and additional recommendations

Law and policy recommendations as individual recommendations

While the previous *WHO guideline Safe abortion: technical and policy guidance for health systems*, second edition (2012) included a composite law and policy recommendation, the new guideline clearly outlines law and policy recommendations as individual recommendations on specific aspects of law and policy, including: criminalization, grounds-based approaches, gestational age limits, mandatory waiting periods, third-party authorization, provider restrictions, and conscientious objection.

Additional regimen included for medical abortion

Some recommendations on regimens are carried over from previous guidelines and remain unchanged. The **strong** recommendations remain unchanged: the combination regimen of mifepristone plus misoprostol; and the recommendation for dosage when using misoprostol alone.

In addition, a recommendation of a **weaker** strength has been included, outlining an additional regimen as an option: a suggested combination regimen of letrozole plus misoprostol.



Access
the guideline

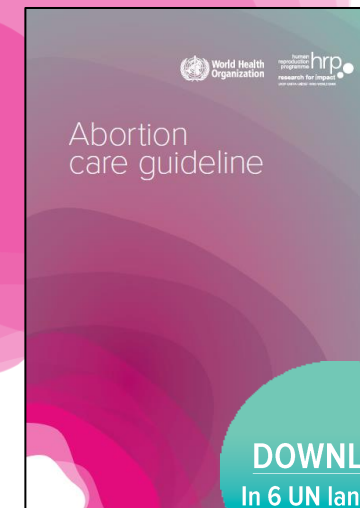
Access the guideline

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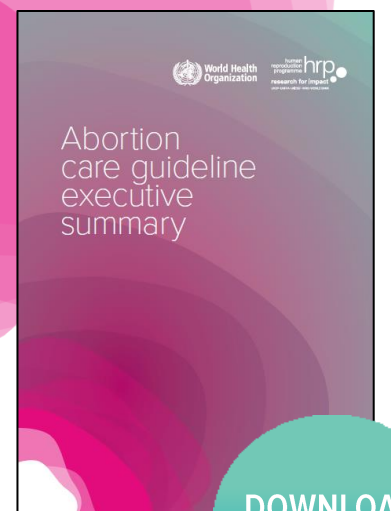
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Communications resources

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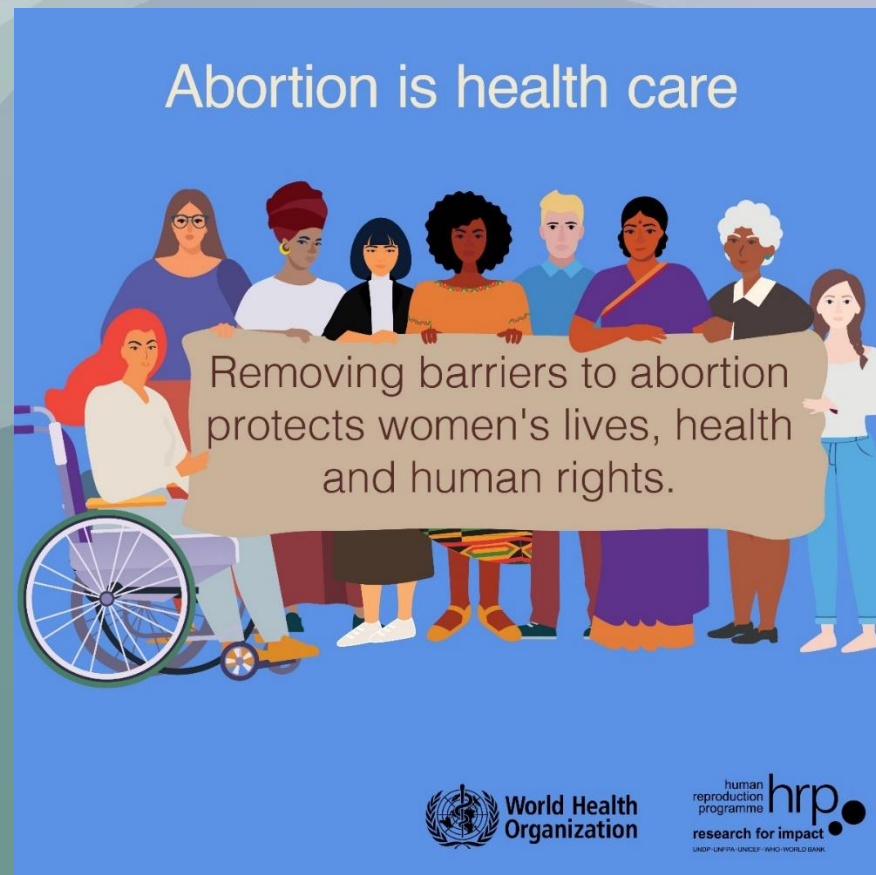
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Health systems, laws and policies, and information grounded in **evidence** and **human rights** support abortion care for all who need it, when they need it.



Quality abortion care includes:

- Respect
- Confidentiality
- Support for informed decision making
- Knowledge of laws and policies
- Human rights safeguarded
- Prioritizing women's needs over health workers' personal beliefs



Policy makers can support safe and respectful abortion care by:

- **Removing**
barriers to timely, equitable and non-judgemental abortion care
- **Investing**
in abortion provider workforce
- **Eliminating**
financial burdens to abortion care



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Planned implementation resources

Planned implementation resources

- **Operational guidance on implementation** of the recommendations
- **Evidence brief** for the law and policy recommendations
- **Informational materials**, e.g. posters on selected recommendations
- **Pocket charts/cards** for use by health workers, and **referral cards**
- **User-friendly decision-support tools** for health workers and policy-makers (e.g. mobile app)
- **Clinical practice handbook**
- Quality abortion care **Monitoring and Evaluation** framework



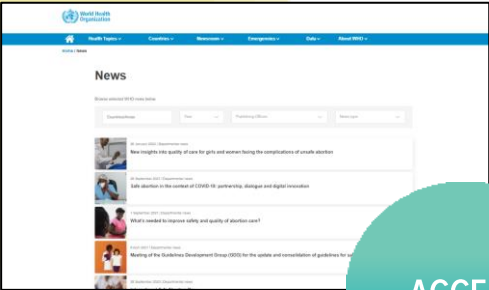
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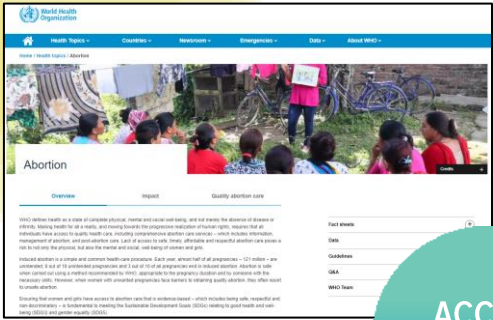
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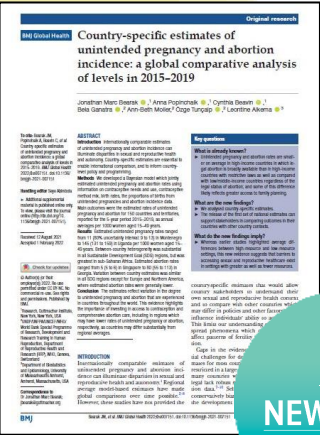
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