



A Mandate to Reduce Maternal Mortality From Unsafe Abortion

“in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women’s health.”¹

With these words, nations affirmed the right of all women to access abortion services that are not prohibited by law and the need for health systems to make sure that safe services of high quality are within reach of all women who are eligible to receive them. To make the words of the agreement a reality requires a coordinated effort from public and private health systems, health professionals, and community leaders. In addition, women and the general public must be aware of the abortion services that are permitted by law and how to use them.

A number of local, national, and international organizations of health professionals have issued statements reinforcing the responsibility of health professionals in the provision of abortion services. Individual health professionals in many countries have provided outspoken, courageous, and charismatic leadership on the need to prevent maternal mortality from unsafe abortion and the need to put comprehensive, high-quality abortion services in place. Many health professionals have spoken eloquently and poignantly about women who have been denied services. Others have led the way to establishing norms and standards that facilitate women’s access to high-quality care.

This document compiles key statements from the medical community, international agreements, and the World Health Organization to assist health professionals in taking action to prevent maternal mortality from unsafe abortion.

Circumstances Where Abortion is not Against the Law

Health professionals need to know the legal context of abortion. In almost every nation, abortion to save a woman’s life is permitted. Well over half of countries recognize

preservation of physical or mental health as grounds for abortion. Nearly half of them specify rape or incest as grounds for abortion, and many of them recognize the need for a comprehensive range of services for women who are subject to violence. Other circumstances that permit abortion in some countries include fetal impairment, and economic or social reasons.

Train and Equip Health-Service Providers

Abortion care should be included in the training of all cadres of health-care providers, particularly nurses, midlevel providers and doctors in order to have trained staff at all service-delivery points where women may seek abortion services. Curricula for in-service and pre-service training should include information about laws and regulations on abortion, communication and counseling skills, and clinical skills for the delivery of abortion.

Unsafe Abortion: Global and Regional Estimates

- 13% of maternal mortality is due to unsafe abortion
- 19 million unsafe abortions per year
- 14 unsafe abortions per 100 live births
- 12 unsafe abortions per 1000 women aged 15-49 per year
- 67,000 women die each year from complications of unsafe abortion worldwide
- 95% of maternal mortality from unsafe abortion occurs in the developing world

¹Paragraph 63iii from the Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

Measures to Ensure that Abortion is Safe and Accessible

In its guidance on safe abortion, the World Health Organization (WHO) outlined considerations that are appropriate for all health systems. These include assessment of the current situation, establishment of national norms and standards, definition of provider skills, monitoring and evaluation of services, and financing of services. The guidance also includes a list of services that can be made available at each level of the health system. This list includes vacuum aspiration and medical abortion at the primary-care level, public awareness and referral functions for the community level, and training of all cadres of health professionals at the district hospital level.

Additional Measures to Safeguard Women's Health

Health professionals are key to the implementation of measures to safeguard women's health including access to safe abortion. Several national and international professional organizations have issued statements to clarify the responsibility of health professionals in the prevention of maternal mortality from unsafe abortion and the provision of legal abortion services. Safeguarding women's health begins with reducing maternal mortality, one of the key Millennium Development goals. Other international agreements, notably the International Conference on Population and Development (ICPD), the Fourth World Conference on Women, and the ICPD +5 agreements recognize women's reproductive and sexual health as a public health imperative and a human right of women.

Global and Regional Annual Estimates of Incidence of Unsafe Abortion by United Nations Regions, Around the Year 2000 [a]

	Estimated number of unsafe abortions	Unsafe abortions per 100 live births	Unsafe abortions per 1000 women aged 15-49
WORLD	19,000,000	14	12
More developed regions [b]	500,000	4	2
Less developed regions	18,500,000	15	15
AFRICA	4,200,000	14	22
Eastern Africa	1,700,000	16	29
Middle Africa	400,000	9	20
Northern Africa	700,000	15	15
Southern Africa	200,000	16	16
Western Africa	1,200,000	13	24
ASIA	10,500,000	14	11
Eastern Asia [b]	[c]	[c]	[c]
South-central Asia	7,200,000	18	20
South-eastern Asia	2,700,000	23	19
Western Asia	500,000	10	11
EUROPE	500,000	7	3
Eastern Europe	400,000	14	5
Northern Europe	10,000	1	1
Southern Europe	100,000	7	3
Western Europe	[c]	[c]	[c]
LATIN AMERICA AND THE CARIBBEAN	3,700,000	32	26
Caribbean	110,000	15	11
Central America	680,000	20	19
South America	2,900,000	39	30
NORTH AMERICA	[c]	[c]	[c]
OCEANIA [b]	30,000	12	15

[a] Figures may not add up to equal totals due to rounding.

[b] Japan, Australia, and New Zealand have been excluded from the regional estimates, but are included in the total for developed countries.

[c] For regions where the incidence is negligible no estimates are shown.

Source: Ahman, E and Shah, I. 2002. Unsafe abortion: Worldwide estimates for 2000. *Reproductive Health Matters* 2002:10(19).

Types of services suitable to each level of the health-care system

Community level

- Public-health education/information on reproductive health, including family planning and abortion
- Community-based distribution of appropriate methods of contraception, including emergency contraception
- All health workers trained to provide information on, and referral to, legal abortion services
- All health workers trained to recognize abortion complications and promptly refer women for treatment
- Transportation to services for abortion and for management of complications of unsafe abortion
- All health workers (and other key community professionals such as police or teachers) trained to recognize signs that girls or women have been subjected to rape or incest and to provide referral to health or other social services

Primary-care facility level

- All elements of care mentioned for the community level
- All health-care workers providing reproductive health services trained to provide counseling on family planning, unwanted pregnancy and abortion
- A broader range of contraceptive methods (including IUDs and injectables, for example)
- Vacuum aspiration up to 12 completed weeks of pregnancy
- Medical methods of abortion up to 9 completed weeks of pregnancy
- Clinical stabilization of, and provision of antibiotics to, women with complications of unsafe abortion
- Vacuum aspiration for incomplete abortion
- Prompt referral and transport for women needing services for abortion or for management of abortion complications that cannot be provided on site

District hospital level

- All elements of abortion care mentioned for the primary-care level
- Provision of sterilization in addition to other contraceptive methods
- Abortion services for all circumstances and stages of pregnancy in which it is permitted by law
- Management of abortion complications
- Information and outreach programs covering the full catchment area
- Training of all relevant cadres of health professionals (pre-service and in-service) in abortion service provision

Referral hospitals (secondary and tertiary)

- All elements of abortion care mentioned for the previous levels
- Management of all abortion complications, including those that cannot be managed at the district level

Source: World Health Organization. 2003. *Safe Abortion: Technical and policy guidance for health systems*. Geneva, WHO.

Essential content for curricula on abortion services

Background for abortion service delivery

- Legal regulatory and policy provisions
- Health effects of unsafe abortion
- Ethical responsibility to provide abortion
- National norms and standards for abortion care

Counseling and provider-patient interaction

- Clarification of providers' attitudes and beliefs with regard to abortion
- Privacy and confidentiality
- Interpersonal communication and counseling skills
- Information on abortion and contraception
- Issues and risks associated with human immunodeficiency virus (HIV) or sexually transmitted infections (STI)
- Groups needing special care, such as adolescents, refugees, women with HIV or STI
- Recognition of signs that the woman has been subjected to violence, and guidance in helping her obtain additional counseling and services

Common Grounds on Which Abortion is Permitted

Grounds for legal abortion	Percent of countries
to save a woman's life	98%
to preserve physical health	63%
to preserve mental health	62%
in situations of rape or incest	43%
fetal impairment	39%
economic or social reasons	33%
on request	27%

Sources: United Nations Population Division. 1999. *World abortion policies 1999*. New York, United Nations. World Health Organization. 2003. *Safe Abortion: Technical and policy guidance for health systems*. Geneva, WHO.

Clinical skills

- Anatomy and physiology relevant to pregnancy and abortion
- Pre-procedure assessment: history, examinations, pregnancy dating, etc.
- STI screening
- Abortion techniques
- Infection prevention
- Pain management
- Recognition and management of, and/or referral for, complications of abortion
- Management and care following the procedure, including contraceptive information and services
- Criteria for referral and how to refer cases beyond the provider's competence

Administrative/managerial issues and quality assurance

- Record-keeping and reporting
- Conditions for maintaining privacy and confidentiality
- Logistics, equipment and inventory management
- Monitoring and evaluation
- Mechanisms for effective referral and transport to qualified facilities
- Standards for supervision

Source: World Health Organization. 2003. Safe Abortion: Technical and policy guidance for health systems. Geneva, WHO.

Core information for public education

- Women have the right to decide freely and responsibly if and when to have children without coercion, discrimination or violence
- Basic reproductive physiology, including how pregnancy happens, its signs and symptoms
- How to prevent unwanted pregnancy, including where and how to obtain contraceptive methods
- Circumstances under which abortion is permitted
- The importance of seeking legal abortion services as early as possible when termination of pregnancy has been decided upon
- Where and when safe abortion is available, and its cost
- How to recognize complications of miscarriage and unsafe abortion; when and where to obtain treatment
- The importance of seeking treatment immediately

Source: World Health Organization. 2003. Safe Abortion: Technical and policy guidance for health systems. Geneva, WHO.

Statements From Medical Professional Associations

FIGO Ethical Guidelines Regarding Induced Abortion for Non-Medical Reasons

Adopted by the FIGO General Assembly as part of the pre-Congress Workshop Report at the XVI FIGO World Congress, Washington DC, September 2000.

1. Governments and other concerned organizations should make every effort to improve women's rights, status, and health, and should try to prevent unintended pregnancies by education (including on sexual matters), by counseling, by making available reliable information and services on family planning, and by developing more effective contraceptive methods. Abortion should never be promoted as a method of family planning.
2. Women have the right to make a choice on whether or not to reproduce and should therefore have access to legal, safe, effective, acceptable and affordable methods of contraception.
3. Providing the process of properly informed consent has been carried out, a woman's right to autonomy, combined with the need to prevent unsafe abortion, justifies the provision of safe abortion.
4. Most people, including physicians, prefer to avoid termination of pregnancy and it is with regret that they may judge it to be the best course, given a woman's circumstances. Some doctors feel that abortion is not permissible whatever the circumstances. Respect for their autonomy means that no doctor (or other member of the medical team) should be expected to advise or perform an abortion against his or her personal conviction. Their careers should not be prejudiced as a result. Such a doctor, however, has an obligation to refer the woman to a colleague who is not in principle opposed to termination.
5. Neither society, nor members of the health-care team responsible for counseling women, have the right to impose their religious or cultural convictions regarding abortion on those whose attitudes are different. Counseling should include objective information.
6. Very careful counseling is required for minors. When competent to give informed consent, their wishes should be respected. When they are not considered competent, the advice of the parents or guardians and when appropriate the courts should be considered before determining management.
7. The termination of pregnancy for non-medical reasons is best provided by the health-care service on a non-profit-making basis. Post-abortion counseling on fertility control should always be provided.

8. In summary, the Committee recommended that after appropriate counseling, a woman has the right to have access to medical or surgical induced abortion, and that the health-care services have an obligation to provide such services as safely as possible.

—International Journal of Gynecology & Obstetrics. 1999. 64: 317-322.

FIGO/WHO Task Force, and Cemicamp. 1997. Abortion: A Professional Responsibility for Obstetricians and Gynecologists. Campinas, Brazil.

1. To take a leadership role in promoting official government interventions at all levels, leading to control of mortality caused by abortion.
2. To stimulate medical professionals to promote, together with women's groups, interdisciplinary debates on abortion care, including: epidemiology, nursing, psychology, social work, and other disciplines which could have a bearing on the problem of abortion and unwanted pregnancy.
3. To be instrumental in implementing the proposed changes in the curricula for the health profession with the support of governmental authorities and the participation of the society at large, particularly women's groups.
4. To evaluate the current quality of abortion care in different hospitals and discuss the existing problems. Based on these discussions, to define elements of minimal level of quality in abortion care in terms of client-provider interaction and technical aspects; and to prepare manuals for accrediting services for the care of abortion complications.
5. To promote, together with medical schools and others health sciences, and women's organizations, training programs on the problems of abortion and unwanted pregnancy for students and residents with a social and gender perspective.
6. To recommend that special attention be given to adolescents consulting health services on problems related to abortion or unwanted pregnancy.
7. To raise social awareness in order to improve the quality of abortion data registered in the clinical files of the hospitals, so as to accumulate reliable information for the study of this problem. This does not mean asking for more information, but rather analyzing all data obtained from the patients.
8. To question and oppose laws and regulations which force physicians to report women suspected of voluntary interruption of pregnancy and require police presence in obstetric clinics and emergency services.

9. To advise their members to honor the code of professional ethics, observing medical confidentiality by not reporting women suspected of submitting themselves to any procedure for pregnancy interruption.

Recommendations of the Latin American Federation of Obstetric and Gynecological Societies (FLASOG) adopted by the FLASOG General Assembly, Santa Cruz, Bolivia, 2002.

The Obstetrics and Gynecology Societies in Latin America and their members should work proactively to accomplish the following objectives . . .

4. The right to interruption of pregnancy according to the law of each country.
- Ensure easy access to legal interruption of pregnancy for those women who meet the legal requirements of each country.
 - Introduce guidelines that define the criteria and procedures to facilitate the rapid authorization of an abortion (pregnancy interruption), when legal conditions are met. The guidelines currently in effect in Brazil, prepared by the Brazilian Ministry of Health in close collaboration with FEBRASGO, on the care of high risk pregnancy and care of women and adolescents who suffer sexual violence, and which include criteria and procedures for pregnancy interruption in both conditions, could be useful for the Obstetrics and Gynecology Societies in other countries.
 - When the country's legislation does not penalize abortion when a woman's life or health are at risk, the women's own opinion on how much risk she is willing to accept should be the determining factor in the decision to interrupt the pregnancy.
 - Physicians should be informed that they could be held responsible in cases of indirect maternal death (caused by a disease aggravated by the pregnancy) if they have refused a request for therapeutic abortion.
 - Broaden the conditions in which abortion is legally permitted to include cases of fetal malformation incompatible with life (as documented by a qualified specialist) and when the woman presents with conditions in which the pregnancy places her life at risk.

Actions required to achieve these objectives:

- Obstetrics and Gynecology Societies should work with government health authorities to prepare and implement norms and guidelines which define the procedures necessary to assure sufficient public sector services, staffing and supplies for the promotion and protection of sexual and reproductive rights.

- Work with professors of medical schools and schools responsible for training of professionals from health and related sciences, to include in their curricula content related to women's sexual and reproductive rights. This should include gender and human rights concepts, respect for diversity, and the importance of not imposing their own personal values on the rights of women.
- Include themes related to women's reproductive and sexual rights in the continuing education activities promoted by the Obstetrics and Gynecology Societies in each country.
- Work directly with gynecologists and obstetricians, particularly university professors, chairs of departments, service directors or professionals in executive positions in public and private institutions, in order to promote the implementation of services that respond to the needs of promoting, protecting and applying women's reproductive and sexual rights.
- Serve as a source of information to the media in order to disseminate correct scientific information related to women's sexual and reproductive rights.
- Establish alliances with public and private institutions and with national and international NGOs, concerned with these topics, in order to strengthen the effects of its actions.
- Establish Committees on Sexual and Reproductive Rights in each Obstetrics and Gynecology Society and Federation with the participation of professionals from other disciplines in order to promote these rights and to ensure compliance with these recommendations.

Statement of the International Confederation of Midwives (ICM) Adopted by the International Confederation of Midwives Council, Oslo, May 1996. Revised version adopted by the International Confederation of Midwives Council, Vienna, Austria, April 2002

Care of Women Post Abortion

Rationale

The care of women post abortion is an integral part of the role of the midwife as defined in the International Definition of the Midwife (ICM/WHO/FIGO, 1992).

Statement of Belief

The International Confederation of Midwives believes that a woman, who has had an abortion, whether spontaneous or induced, is entitled to receive midwifery care. In keeping with this belief the midwife should:

- Consider such care to be within the role of the midwife

- Provide any immediate care and counselling following abortion
- Appropriately refer the woman for any further treatment that may be required and which is beyond the scope of midwifery practice
- Provide the woman (and where appropriate her family) with education concerning the woman's future health, including family planning
- Recognise the emotional, psychological and social support which may be needed by the woman and respond appropriately

Policy

Education of midwives should include the care of women following abortion

Guiding Statement for Member Associations

Member associations are urged to: seek to influence the training/education of midwives to ensure that they have the knowledge and skills to care for women post abortion

International Agreements and Conventions

International Conference on Population and Development. Programme of Action Cairo, 1994.

In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion* as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Postabortion counseling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions.

* Unsafe abortion is defined as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

(WHO. 1992. The prevention and management of unsafe abortion. Report of a Technical Working Group. Geneva, WHO.)

Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development. New York, 1999.

(iii) in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.
Paragraph 63

Fourth World Conference on Women, Beijing, 1995.

Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions [should]:

- j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development;
- k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development... consider reviewing laws containing punitive measures against women who have undergone illegal abortions.
Paragraph 106

Further actions and initiatives to implement the Beijing Declaration and the Platform for Action, 2000.

- o. In light of Paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, [governments should] consider reviewing laws containing punitive measures against women who have undergone illegal abortions.
Paragraph 72
- f. Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child and in conformity with CEDAW and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. . .
Paragraph 79

UN Millennium Development Goals, 2000.

Goal 5. Improve maternal health . . . reduce by three quarters the maternal mortality ratio

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979

State parties should implement a comprehensive national strategy to promote women's health through their lifespan. This will include interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and will ensure universal access for all women to a full range of high-quality and affordable health-care, including sexual and reproductive health services.
Paragraph 29

State parties should also, in particular. . . (b) Ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health . . . ; (c) Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion; (e) Require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice.
Paragraph 31



Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive-health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices.

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