POST-ABORTION CARE-: CONCEPT PAPER

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Abstract

There are varying perceptions by health care providers regarding what post-abortion care (PAC) is and its utilisation in reducing maternal morbidity and mortality. The concept is available but unclear hence, the researchers sought to clear variations and ambiguity among different authors regarding the concept of interest so that it can be objectively measured to enhance standardisation of care.

Objectives

The objective of the concept was to give an in depth description of what post-abortion care is for the purpose of bridging shortfalls in the provision of care so as to improve quality maternal care following either spontaneous or unsafe abortion and its uptake by the community.

Methodology

Walker and Avant (2011) concept analysis model was used to guide the paper. Initially 15 articles 2007 to 2018 were reviewed and 5 articles were dropped due to irrelevant information. Walker and Avant (2011) stressed the importance of antecedents and critical attributes in describing the concept of interest. The researchers conducted literature search from 01 to 31 July 2018 using Google scholar, Journals, and PubMed search engines.

Results

Post-abortion care definition was solely confined to the physical without consideration of other facets like psychological, social, cultural, economic or other health issues that have detrimental effects to the woman following an abortion.

Conclusion

Regardless of cause or type of abortion, comprehensive post-abortion care should be provided with outmost respect. In view of the critical role played by comprehensive post-abortion care in reducing maternal morbidity and mortality, services should be available at all health care facilities starting from primary level to central hospitals.

Key Words

Abortion, unsafe abortion, post-abortion care, maternal mortality, Walker and Avant.

Introduction and background

Complications of abortions are one of the leading causes of maternal morbidity and mortality worldwide together with haemorrhage, sepsis and hypertensive diseases of pregnancy. According to (World Health Organization, 2015) although safe, simple and effective evidence-based interventions exists nearly 22 million unsafe abortions take place yearly. Abortions continue to contribute significantly to the global burden of maternal morbidity and mortality. Each year of the 22 million unsafe abortions about 47 thousand results in maternal mortality, around 5 million women suffer injury as a result of complications due to unsafe abortion leading to chronic debility (Wood, Ottolenghi, Marin, Sonneveldt, & Yuen, 2007).

Safe post-abortion care aims to reduce deaths and injury from incomplete abortion or unsafe abortion by evacuating the uterus, treating infections, addressing physical, psychological as well as family planning needs and referring to other sexual health services as appropriate. Post-abortion care stands as an important component of comprehensive reproductive health services saving women's lives, reducing morbidity and improving women's health and lives.

Globally 292 982 maternal deaths occurred in 2013 and 43 684 women lost their lives as a result of complications from abortions (Ansari et al., 2015) .The term post-abortion care was first used in 1991 in the context of integrating post-abortion care with family planning services in order to break the cycle of unwanted pregnancies and to improve the overall outcome of unsafe abortion. Post-abortion care is designed to strengthen the management of miscarriage and post-abortion complications as an integral component of essential package of reproductive health services (Myanmar Ministry of health department of Public health maternal and reproductive health division, 2015).

On a related note according to the International Journal on Sexual and Reproductive Health Rights (2017) post-abortion care refers to a package of health facility based services for complications of spontaneous or induced abortion. Globally 830 women die every day from preventable causes related to pregnancy and childbirth; of these 99% occur in low and middle income countries (Chukwumalu, Gallagher, Baunach, & Cannon, 2017).

Over two thirds of maternal deaths results from direct obstetric causes such as haemorrhage, hypertensive disorders of pregnancy, sepsis, abortion and other obstetric causes (Chukwumalu et al., 2017) . In the Sub-Saharan more than 97% of abortions experienced by women are unsafe and the unsafe abortion constitute 9% of all maternal deaths with 1, 6 million women hospitalised for complications due to dangerous procedures (Reproductive Health Matters, 2017). In 2008 an estimated 3 million women with complications from unsafe abortions were left without care in low and middle income countries (Reproductive Health Matters, 2017).

In many African and Asian countries as well as developing countries unintended pregnancy disproportionately affects adolescents ages 15-19 years of age and young women ages 20-24 years who are less likely to choose a family planning method before or post-abortion. These unintended pregnancies usually end up in unsafe abortions (Benson, Andersen, Healy, & Brahmi, 2017) .

Zimbabwe women experience considerable abortion related morbidity particularly the young, rural, less educated and poor women. The estimated period between experiencing complications and receiving treatment was about 47 hours. Many delays in receiving care were due to lack of finance. Studies have shown that 59% had complications classified as 19% mild, 19% moderate, 13% severe and 0, 2% near a miss death (Madziyire et al., 2018)

Post-abortion care serves as an important component of comprehensive reproductive health services, saving women's lives, reducing morbidity and improving women's health and lives. It is used as an approach to reduce maternal morbidity and mortality from complications of spontaneous, incomplete or unsafe abortion as a part of the broader goal of improving women's sexual and reproductive health. PAC can be taken as an entry point for community and service provider partnership for the prevention of unwanted pregnancy and unsafe abortion as well as links with other reproductive health care.

Barriers to Post-abortion Care

According to (World Health Organization, 2015) lack of trained health care providers including nurses/midwives remains a critical issue. It is estimated that the global deficit of skilled health care professionals will reach 12. 9 million by 2035 (World Health Organization, 2015) .Such critical shortages worsen the situation in countries already having a high burden of unsafe abortion. Most countries including high income ones have the same challenge. The situation is worse in the rural areas as well as the Public Sector.

Restrictive abortion laws and policies in some countries tent to restrict or even outlaw woman's ability to end pregnancy for example in Zimbabwe the Abortion Act [chapter15:10], 1977 only allow medical termination of pregnancy in situations where life of the woman is in danger, circumstances in which the foetus is grossly malformed or the pregnancy is a result of rape or incest.

Social, cultural and religious barriers that women face in some countries also play a role in limiting women seeking PAC. High costs for abortion care and services promote women to resort to backyard unsafe abortion (Madziyire et al., 2018).

Inadequate supplies, drugs, transport, equipment for PAC poses a barrier in the execution of comprehensive care. Lack of integration of PAC services into primary health care systems as well as restricting services to higher levels of care contribute to complications of abortion. Some health care providers lack understanding of the restrictive laws and policies to such an extent that they limit the community's access to PAC services. Attitudes of health care providers force women to turn to alternative unsafe remedies for PAC.

Problem Statement

Currently the post-abortion care which is said to be present is not holistic as thrust is placed more on the physical needs, with less consideration of the psychological, emotional, social, cultural and economic aspects. Restrictive abortion laws and policies have led to lack of objectivity in health seeking behaviour of women experiencing abortion.

Significance of the concept analysis

Post-abortion care plays a critical role in the reduction of maternal morbidity and mortality globally. It is therefore important for nurses and midwives to be equipped with evidence-based information on comprehensive management of abortion at any level of care.

Purpose of Analysis

The main aim of the concept paper was to give an in depth description of what post-abortion care is for the purpose of bridging shortfalls in the provision of care in order to improve quality maternal care following either spontaneous or unsafe abortion and its uptake among women of child bearing age.

Literature Search

An in depth literature search was conducted from 01-31 July 2018. The following search engines were utilised to select 15 articles relevant to the concept of interest, Google scholar, Journals, PubMed and Biomed. Articles settled for analysis were 10, while 5 articles were dropped due to irrelevant information. The selected articles for analysis were outlined as in the table below.

Table: 1

Author/Year	Source	Definition	Antecedents	Attributes	Comment
(Corbett & Turner, 2003)	Book	No	Unsafe incomplete abortion	Reduction of deaths and injury related to abortion	No definition
(Wood et al., 2007)	Journal	No	Unsafe incomplete abortion	Improved access to PAC	No definition
(**Blaud, Topping,& Wood 2011**)	Book	No	No	No	Included an overview of PAC.
(Norris, Coast, & Freeman 2015)	Journal	No	Abortion	Improved access to PAC.	Antecedents & attributes present.
(Ansari et al., 2015)	Electronic	An approach to reduce maternal mortality	Unsafe incomplete abortions	Reduced maternal morbidity and mortality	Antecedents, attributes present
Myanmar Ministry of health department of Public health, maternal and reproductive health division(2015)	Electronic	A series of interventions to strengthen management of abortions complications.	Abortion, infection.	Reduction of maternal morbidity & mortality.	Definition not broad

(World Health Organization, 2015)	Electronic	No	Unsafe abortion	Availability of services	Antecedents, attributes and barriers to PAC.
(Chukwumalu et al., 2017)	Journal	Package of health care facility based services for complications of abortion.	Unsafe incomplete abortion.	Emergency care, family planning, counselling services, less unplanned pregnancies	Definition not broad.
(Benson et al., 2017)	Journal	Treating abortion complications.	Induced, spontaneous, incomplete abortion	Maternal mortality reduced,	Definition too shallow.
(Madziyire et al., 2018)	Journal	Treatment to women at a health care facility for abortion complications.	Bleeding, infection post-abortion.	Lifesaving treatment and community, provider partnership.	Definition shallow

Methods

This concept of post-abortion care was guided by Walker and Avant concept analysis framework. Steps of the concept analysis are selection of a concept, identification of aims / purpose of analysis, significance and uses of the concept, determining the defining attributes, identification of the model case, identification of additional case, identification of antecedents, consequences and defining empirical referents. The criteria utilised for inclusion of articles was articles from health and related studies on post-abortion care.

Definition of concept

Post-abortion care is a series of interventions designed to strengthen the management of miscarriage and post-abortion complications as an integral component of the essential package of reproductive health services.

Working Definition

According to the researchers, post-abortion care is a series of comprehensive evidence-based interventions designed to manage post-abortion complications regardless of cause taking into account emergency care, essential care, the woman's physical, emotional, psychological health needs and circumstances surrounding her ability to access care.

Defining Antecedents

These are preliminary events that should be present before occurrence of the concept of interest (Walker and Avant 2011). In the context of this paper on post-abortion care antecedents include spontaneous abortion, unsafe abortion, incomplete abortion/miscarriage, and can be followed by complications like infection, haemorrhage, anaemia as well as retained products of conception.

Spontaneous Abortion

The term spontaneous abortion is defined as non induced embryonic or foetal death or passage of products of conception before 20 weeks gestational age (Antonette, Dulay 2018). In this case a woman presents at a health institution following a naturally occurring pregnancy loss. Post-abortion care needs to be rendered, that is fluid replacement, treatment of infection, psychological support and family planning services.

Unsafe abortion

This is an abortion performed by a person lacking necessary skills or in an environment not in conformity with medical standard or both (WHO, 2015). Unsafe abortions are usually associated with infection as well as trauma such that a lot of complications occur, which calls for urgent attention from health care providers.

Abortion

Refers to the termination of pregnancy prior to 20 weeks gestation or foetus born weighing less than 500grams (WHO 2015). When an abortion occurs, regardless of cause there should be provision of proper management so that the woman sails through the pregnancy loss with no complications.

Retained products of conception

These are placental and or foetal tissues that remains in the uterus after a planned or spontaneous pregnancy loss or preterm delivery (Carusi, 2015). Retained products of conception pose the risk of excessive bleeding or infection following an abortion; hence they need to be evacuated as soon as possible before adverse effects occur to maintain health of the affected woman**.**

Infection

Refers to the invasion and multiplication of micro-organisms such as bacteria, viruses, and parasites that are not normally present within the body (WHO 2015). Infection post-abortion can cause a lot of systemic complications which can result in permanent morbidity or mortality to women following an abortion. Conditions like peritonitis, blocked fallopian tubes, septicaemia as well as pelvic inflammatory disease can be caused by infection following an abortion.

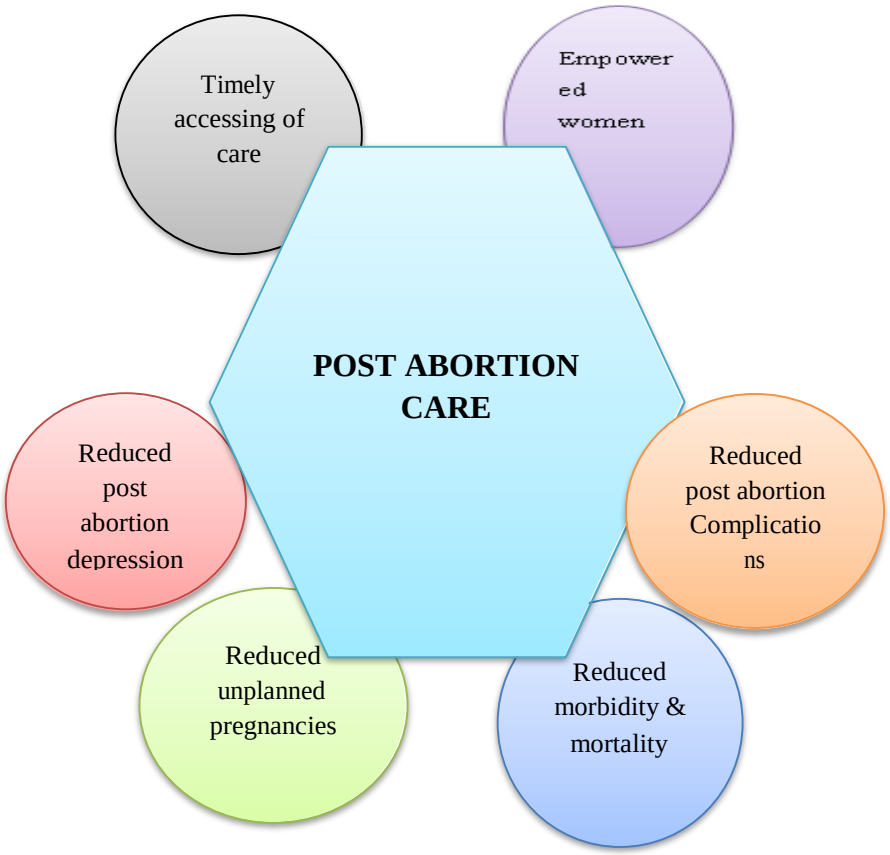
Haemorrhage

Is a large flow or loss of blood from a damaged blood vessel (Retrieved from the Cambridge Dictionary).This is usually associated with retained products of conception and can result in debilitation of the woman's health due to anaemia.

Defining Attributes

Attributes are those observable characteristics that describe the concept of interest in a tangible way (Walker and Avant 2011). Proposed attributes Empowered women, timely accessing of health care services, reduced post abortion complications, reduced morbidity and mortality, reduced unplanned pregnancies, and reduced post abortion depression. Other attributes include increased accessibility of post-abortion care, community and provider partnership established in prevention of unwanted pregnancy, availability of family planning counselling and services. And common understanding, collective responsibility as well as collaboration between patient and health care providers in prevention of unsafe abortion and seeking care.

FIGURE: 1 ATTRIBUTES



Discussion

The purpose of this paper was to give an in depth description and analysis of the term post-abortion care definition and its attributes so that it can be clearly understood by all health care providers, locally, regionally and globally. The definition of post-abortion care by most scholars did not assign antecedents or attributes to term (Madziyire et al., 2018), (Chukwumalu et al., 2017) and (Benson et al., 2017).

In general terms post-abortion care is defined as a package of health facility based services for the complications of spontaneous or induced abortion (Chukwumalu et al., 2017) . According to PSI (2017) post-abortion care is defined as treatment given to a woman who presents at a health facility with complications of abortion or miscarriage usually bleeding or infection. According to Myanmar post-abortion reference manual (2015) post-abortion care is

a series of interventions to strengthen the management of miscarriage as an integral component of the essential package of reproductive health services.

In all cases post-abortion care focussed on the physical well-being of the woman and with no consideration of the psychological, social, cultural, and emotional as well as the religious aspect of the woman affected.

Following an abortion, a woman suffers socially, psychologically, emotionally and also economically due to the funds needed to purchase drugs and to pay for the services provided, hence there is need to address all these issues. On the other hand prevention of further recurrence of unplanned pregnancy is needed through effective counselling of the women on family planning and offering the services.

However, the researchers after an in depth literature search defined post-abortion care as a series of comprehensive evidence-based interventions designed to manage post-abortion complications regardless of cause taking into account emergency care, essential care, the woman's physical, psychological ,emotional, social needs and the circumstances surrounding her ability to access care.

Psychological support is offered through counselling as well as assessing the woman's social safety networks, the circumstances surrounding the abortion, accessibility of family planning services and the significance of seeking medical care in the event of recurrence. When all aspects are included the woman will be empowered to have better health seeking behaviour. The intervention will promote a reduction in unsafe abortion as well as maternal mortality.

Cases

Model case

A model case is an ideal case that has all the attributes or traits of the concept of interest (Walker and Avant 2011, Carusi, 2015).

Ms Toko a 16 year old girl reports at the casualty department for treatment, on history taking she presented that she was 16 weeks pregnant. Her boyfriend denied responsibility of the pregnancy on learning that she had missed her period and ran away to South Africa. She went to a traditional healer to get assistance to terminate the pregnancy and was given a sharp instrument to prick the uterus so as to let the contents of the pregnancy out. She did it as per instructions 3 days ago and started bleeding profusely, now she had an offensive foul smell

from the vagina and was progressively becoming weak. She verbalised her anxiety concerning lack of funds to buy drugs, intravenous fluids needed to replace the blood loss and the investigations needed in her management. The nurse explained to her the management so as to have her consent on what was to be done to manage her. Intravenous fluids of plasma expanders were put up, intravenous antibiotics administered as per doctor's order. The haemoglobin content was 6g/dl, transfusion of 2 units of packed cells transfused, misoprostol was administered 600mcg rectally to control bleeding then she was admitted for observation as well as to receive antibiotics. Family planning counselling was offered so that she would have an informed choice of the method she could use to prevent recurrence. Her grandmother who happens to be her guardian was informed of the discharge plan, treatments and review dates. The midwife emphasized importance of completing her antibiotics course so as to prevent drug resistance.

Analysis

This is a model case as all the attributes are shown in Ms Toko's case. Her age is below 18 years, not married, the pregnancy is in its early weeks, due to restrictive abortion laws and policies as well as lack of money she resorted to backyard options from a traditional healer with no knowledge of risk factors. The management offered by the traditional healer contributed to her uterine tear, as well as sepsis. Lack of funds might also have contributed to the delay in seeking medical care.

A Borderline case

A borderline case has some critical attributes but not all according to Walker and Avant (2011).

Mrs Choto a 35 year old woman reports in casualty department for treatment, on history taking she mentioned that she had severe lower abdominal pains since the previous night. She was 20 weeks pregnant and had expelled the foetus but was bleeding profusely. The mother-in law as well as the husband had accompanied her to the hospital for care. Evacuation of retained products of conception was done, fluids replaced and after 24 hours on observations she was discharged home.

Analysis

Mrs Choto is a grown-up mature woman, married who was looking forward to the success of her pregnancy. The abortion was spontaneous though appeared to have retained products of conception. She had support systems from the family. Her health seeking behaviour was good since she did not delay in going to the hospital. At the health care facility she was given intravenous fluids and misoprostol 800mcg rectally to assist the uterus in expulsion of retained products of conception. Vital signs were checked and were normalising, then after a few hours she expelled part of the placenta which was retained. Bleeding stopped and counselling for early booking, importance of using family planning to prevent too soon and pregnancy loss offered. She was discharged as an outpatient at the end of the day, with the method of family planning she had chosen.

Contrary case

A contrary case does not include any of the attributes of the concept (Walker and Avant 2011).

Mrs Moyo is a 30 year school teacher walks into the antenatal care clinic already booked at 18 weeks gestation complaining of lowers abdominal pains, backache, no per vaginal bleeding.

Analysis

This is a contrary case; Mrs Moyo is 30 years of age, married, physically ready for the processes of pregnancy .She is economically stable and empowered as she had already booked. When faced with a health problem she knows who to approach for help and she is looking forward to the progress of her pregnancy up to the end with no complications.

Empirical Referents

According to Walker and Avant (2011) empirical referents of a concept are the classes or categories of actual concept that by their existence demonstrates the occurrence of the concept. The empirical referents which are fundamental to post-abortion care are increased training of health care providers including nurses and midwives, expansion of roles on post-abortion care among health care providers reduction of maternal morbidity and mortality . Availability of resources, transport, drugs, blood, intravenous fluids as well as behaviour change communication on importance of seeking help from approved health care facilities. Establishment of community and provider partnerships in prevention of unsafe abortion.

Consequences

Reduced maternal morbidity and mortality as well as improved women's health. Prevention of the 3 delays, first identification of the complications and decision making to seek post-abortion care, secondly the delay in reaching the health care facility and thirdly delay in receiving appropriate care at the health care facility. Proper utilisation of the post-abortion care elements of care will result in reduced unplanned pregnancy due proper use of family planning services. Post-abortion care will result in availability of sustainable, comprehensive, evidence-based personalised care with empathy and respect.

Recommendations

Increased training of personnel on post-abortion care, expansion of post-abortion care roles among health care providers including nurses and midwives as well as ensuring availability of resources, transport, drugs, blood and intravenous fluids. Decentralisation of post-abortion care services from the primary health care level up to the tertiary level will increase accessibility of post-abortion care services.

Conclusion

In view of the crucial role played by post-abortion care in reduction of maternal morbidity and mortality accessibility must be ensured to all women regardless of social status or cause of the abortion. A holistic approach to care for women following an abortion should address the physical needs, emotional, psychological, cultural, social, economic and other health issues of the individual woman. Community/provider partnership in the prevention of unplanned pregnancy as well as unsafe abortion should be established to reduce barriers in accessing care.

References

Ansari, N., Zainullah, P., Kim, Y. M., Tappis, H., Kols, A., Currie, S. … Stekelenburg, J. (2015). Assessing post-abortion care in health facilities in Afghanistan: a cross-sectional study. BMC Pregnancy and Childbirth, 15(1), 6.

Benson, J., Andersen, K., Healy, J., & Brahmi, D. (2017). What Factors Contribute to Postabortion Contraceptive Uptake By Young Women? A Program Evaluation in 10 Countries in Asia and sub-Saharan Africa. Global Health: Science and Practice, 5(4), 644–657.

Bland, A. J., Topping, A., & Wood, B. (2011). A concept analysis of simulation as a learning strategy in the education of undergraduate nursing students. Nurse Education Today, 31(7), 664–670.

Carusi, D. A. (2015). Retained products of conception. Up To Date. Waltham, MA2012.

Chukwumalu, K., Gallagher, M. C., Baunach, S., & Cannon, A. (2017). Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia. Reproductive Health Matters, 25(51), 48–57.

Corbett, M. R., & Turner, K. L. (2003). Essential elements of postabortion care: origins, evolution and future directions. International Family Planning Perspectives, 29(3), 106–111.

Madziyire, M. G., Polis, C. B., Riley, T., Sully, E. A., Owolabi, O., & Chipato, T. (2018). Severity and management of postabortion complications among women in Zimbabwe, 2016: a cross-sectional study. BMJ Open, 8(2), e019658.

Norris, A., Coast, E., & Freeman, E. (2015). Trajectories to abortion and abortion-related care: a conceptual framework.

Organization, W. H. (2015). Health Worker Role in Providing Safe Abortion Care and Post Abortion Contraception. World Health Organization.

Walker, L. C., & Avant, K.C.(2011). Strategies for theory construction in nursing.(5th ed).Boston, Prentice Hall Pearson.

Wood, M., Ottolenghi, E., Marin, C., Sonneveldt, E., & Yuen, J. (2007). What works: a policy and program guide to the evidence on post-abortion care.