Safe Abortion Care in Humanitarian Settings
The MSF Experience

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SAC Task Force

- **Increase availability of SAC** in MSF projects
- Direct **field support** to projects and developed a **systematic approach** to overcoming barriers

EVA workshop - DRC

Clinical training - DRC

Tools, Resources, Partnerships and Communication

MSF Safe Abortion Care Toolkit

January 2021

Click on the headings/links below to access MSF's latest SAC tools and resources.
Note: You must have a MSF email address in order to access SharePoint.

Briefing and Policy Documents

Brochures and PowerPoint Presentations that can be used to onboard new MSF staff

MSF policies, resolutions and statements about safe abortion care from 2004 to 2019.

Exploring Values and Attitudes (EVA) Toolkit

Everything you need to facilitate an EVA workshop - including facilitator guides, template agenda, participant handouts, etc.

Updated Jan 2021 - includes tips for adapting EVA workshops to different audiences and contexts

Clinical Trainings

PowerPoint Presentation and materials for full day, face to face training on medication abortion - updated Apr 2020

Online Course (5 videos!) on how to provide an abortion with pills for humanitarian aid workers (in collaboration with HowToDoThis)

MSF Medication Abortion FlipBook and Counseling Guide

- Picture-based guidance explaining what will happen during an abortion with pills
- Support for providers on person-centered language and counseling during abortion consultations
- Available in multiple languages!

SAC Algorithm and SOP

EVA TOOLKIT

An MSF Toolkit for Exploring Values and Attitudes towards Abortion

Safe Abortion Care Algorithm

1. Welcome and Support
- ✓ **Reassure confidentiality** – *"Everything we discuss is confidential"*
- ✓ **Ask open-ended questions** - *"How can I help you today?" / "How do you feel about this pregnancy / your situation ?"*
- ✓ **Support and validate** – *"We are here to support you and will do everything we can for you" / "It's very common to feel this way" / "Many women decide to end their pregnancies. You are not alone."*
- ✓ **Identify other needs for support and/or protection** (e.g. SGBV) – *"Do you feel safe at home / in your community?"*

2. Clinical Assessment
- ✓ **Pregnancy test** if available
- ✓ **Medical history:** *"Do you have any other health problems?"*
  - Chronic adrenal failure or severe, uncontrolled asthma: give misoprostol only or perform MVA
  - Irregular bleeding and/or unilateral abdominal pain: assess for ectopic pregnancy
  - History of 2+ Caesareans *and* 13-22 weeks gestation: reduce misoprostol dose by half
- ✓ **Determine gestational age**: LMP + abdominal palpation
  If unsure, perform bimanual (pelvic) exam or ultrasound. Routine ultrasound is not necessary.

Less than 22 Weeks / More than 22 Weeks

3. Informed Consent
- ✓ **Explain advantages and disadvantages** of the available methods
- ✓ **Verbal consent** is clear and voluntary (no written consent required)

Abortion beyond 22 weeks is outside the standard MSF guidelines but may still be possible. Inform Coordination and consult with HQ/SRH advisor and/or refer as appropriate.

Less than 13 Weeks / 13-22 Weeks

4. Both Medication Abortion *and* MVA are Possible Options

Medication Abortion: Explain & Provide Pills

- ✓ **Give pills** to take at home (unless the patient prefers to stay in the clinic):
  - Mifepristone 200mg (1 pill)
  - Misoprostol 200mcg (8 pills)
  - Ibuprofen 400mg (18 pills)
- ✓ **Explain how to take the pills:**
  - Swallow 1 pill of mifepristone with water.
  - 1-2 days later, put 4 misoprostol pills under your tongue and let them dissolve for 30 minutes.
  - Swallow 2 ibuprofen pills every 8 hours as needed for pain.
  - If you have not fully expulsed after 1-2 days, put another 4 misoprostol pills under your tongue and let them dissolve.

or

Perform MVA

4. Medication Abortion: Explain and Provide Pills

Facility-Based (recommended):
- ✓ **Give pills** to take at home:
  - Mifepristone 200mg (1 pill)
  - Misoprostol 200mcg (2 pills)
- ✓ **Explain how to take the pills:**
  - Swallow 1 pill of mifepristone with water.
  - 1-2 days later, early in the morning (e.g. 5am), put 2 misoprostol pills under your tongue and let them dissolve for 30 minutes.
  - Then go to the MSF facility within 3 hours (e.g. 8am).
- ✓ **When she arrives at the facility:**
  - Give 2 misoprostol pills sublingually or vaginally every 3 hours until fetal and placental expulsion. There is no limit to the number of doses. Do not delay or pause doses unless she shows clinical danger or red flag signs.
  - Give ibuprofen 800mg orally every 8 hours for pain. If needed, add codeine 30-60mg orally every 6 hours or tramadol 50-100mg orally every 6 hours.
  - In case of nausea, provide antiemetic.

Home-Based*:
- ✓ **Give pills** to take at home:
  - Mifepristone 200mg (1 pill)
  - Misoprostol 200mcg (16 pills)
  - Ibuprofen 400mg (18 pills) + codeine and/or tramadol if available
- ✓ **Explain how to take the pills:**
  - Swallow 1 pill of mifepristone with water.
  - 1-2 days later, put 2 misoprostol pills under the tongue and let them dissolve for 30 minutes. Repeat every 3 hours until fetal and placental expulsion is complete.
  - Swallow 2 ibuprofen pills with water every 8 hours as needed for pain.

**Home-based medication abortion 13-22 weeks may be considered taking a person-centered care approach. Providers should help women make a plan and inform them on what to expect, especially regarding expulsion and disposal of the fetus, as well as how to access hospital level care if needed.*

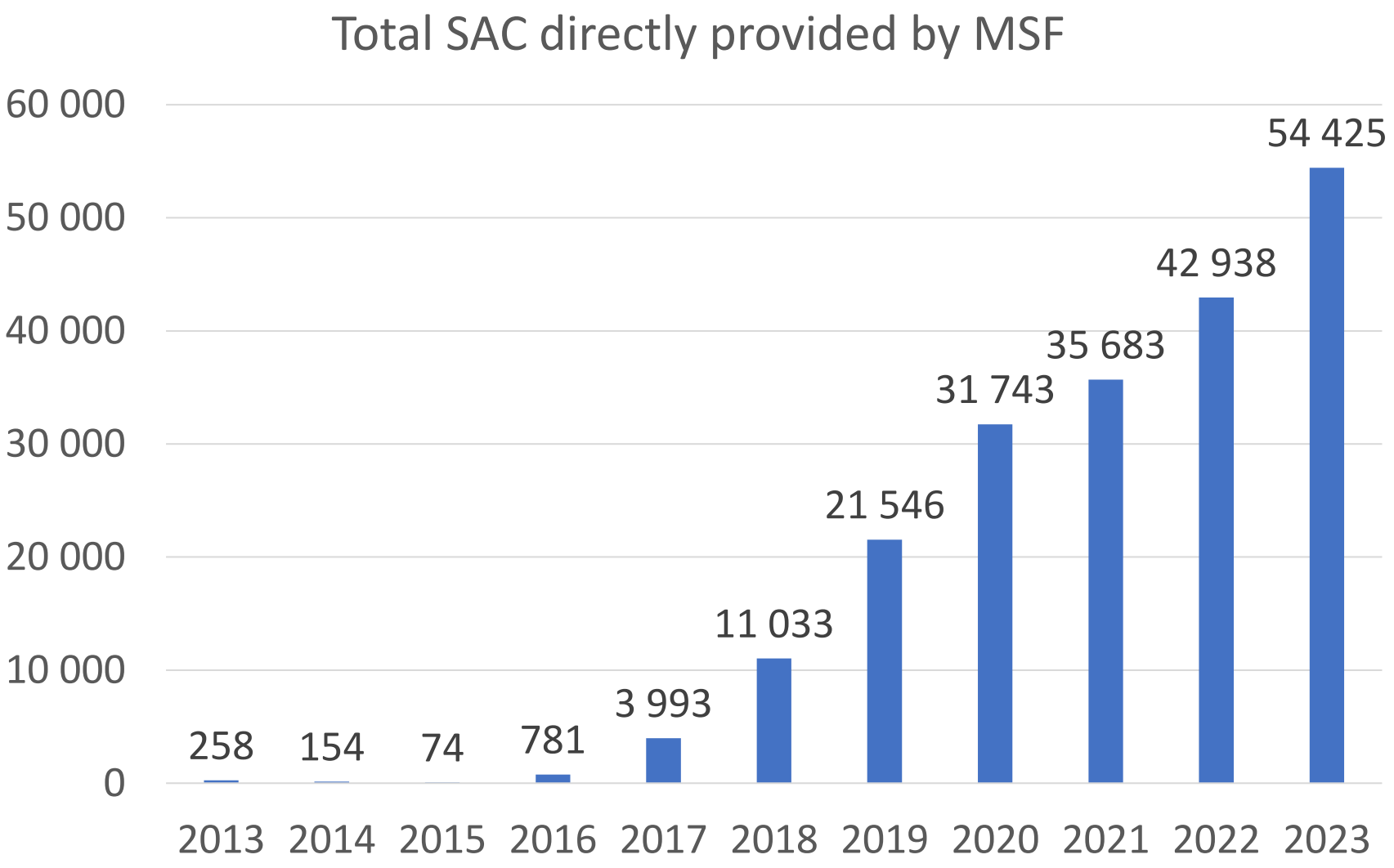
Mozambique: "The best thing is to decide for ourselves"

Seven years ago, when I was 36, I ended up getting pregnant even though I was on birth control—I was taking the pill. I spoke to my husband, and he told me that the baby had to be born.

I had to think about my physical health. I had small babies—twins who were one year old. I didn't believe I had a strong enough body to sustain another pregnancy.

At the time, abortion was still illegal in Mozambique. [In 2014, Mozambique expanded its strict abortion laws to legalize abortion up to 12 weeks.] I ended up going to the health center, and a nurse performed the vacuum aspiration method of abortion. I thought everything was fine and went back home not knowing that nothing had come out.

Achievements



Evolution of SAC

- MSF: **de-medicalized SAC provision**.
- Wider access to SAC!
  - **Important for marginalized, vulnerable populations.**
- **Availability of MA and acceptance of self-care** changed the SAC landscape to SMA.
- Learning from **other Women's Health organizations** supporting SMA.

SELF-MANAGED ABORTION CARE SUPPORTED BY LAY-PROVIDERS IN A SOUTHERN AFRICAN COUNTRY, 2018-2020

The experience of a three-year implementation in a peer-led female sex worker model of community-based care

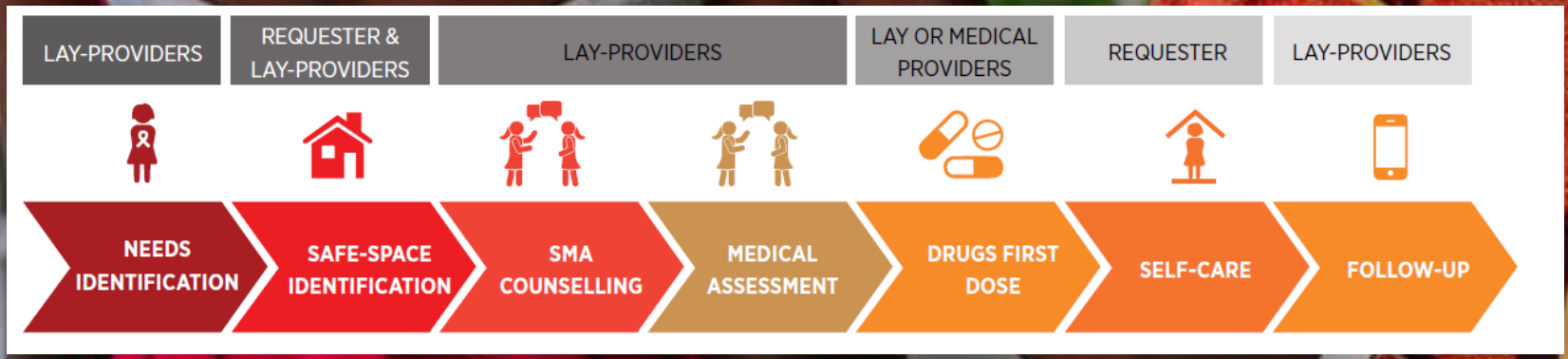
SELF-MANAGED ABORTION CARE SUPPORTED BY LAY-PROVIDERS IN A SOUTHERN AFRICAN COUNTRY, 2018-2020

Project history

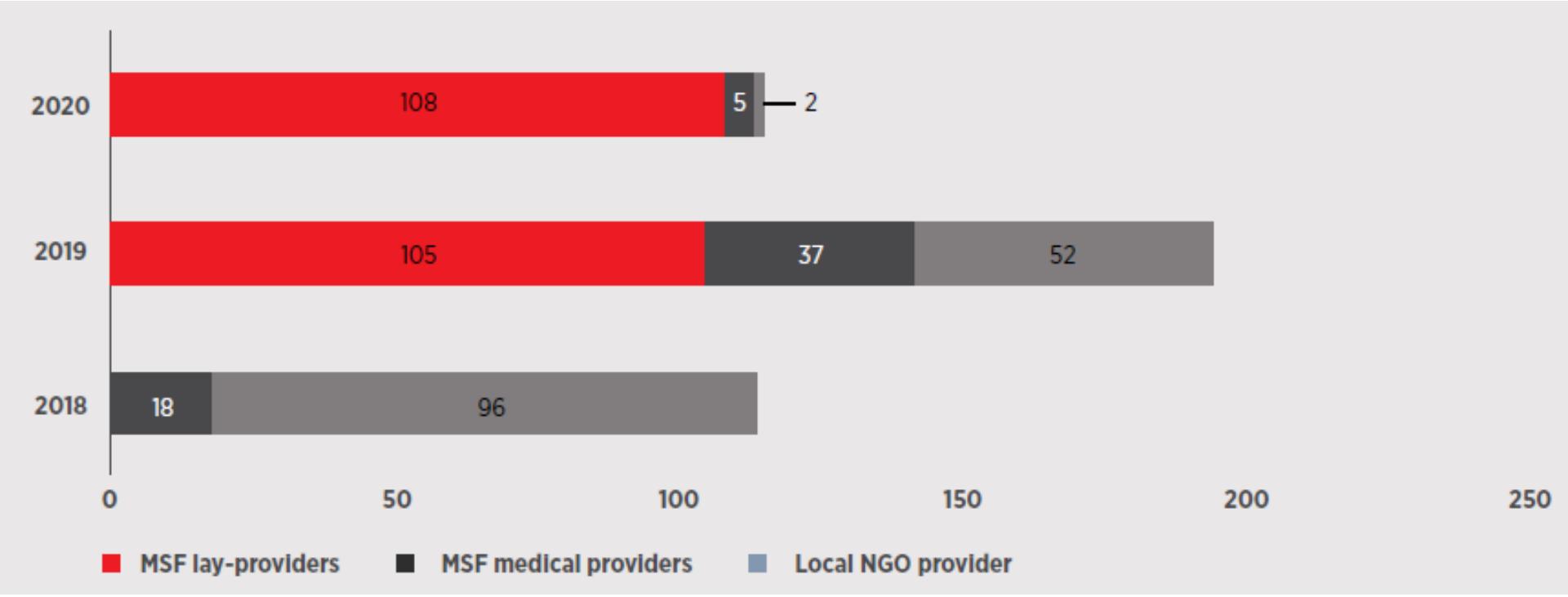
- **Sex workers SRH/HIV/TB project Southern African country.**
- **SAC provided by referral -> MSF SAC 1st and 2nd first trimester**.
- Challenges encountered; decision taken to move from a **facility-based to a community-based model of SAC -> *SMA care for sex workers being supported by lay-providers***.

SMA set up

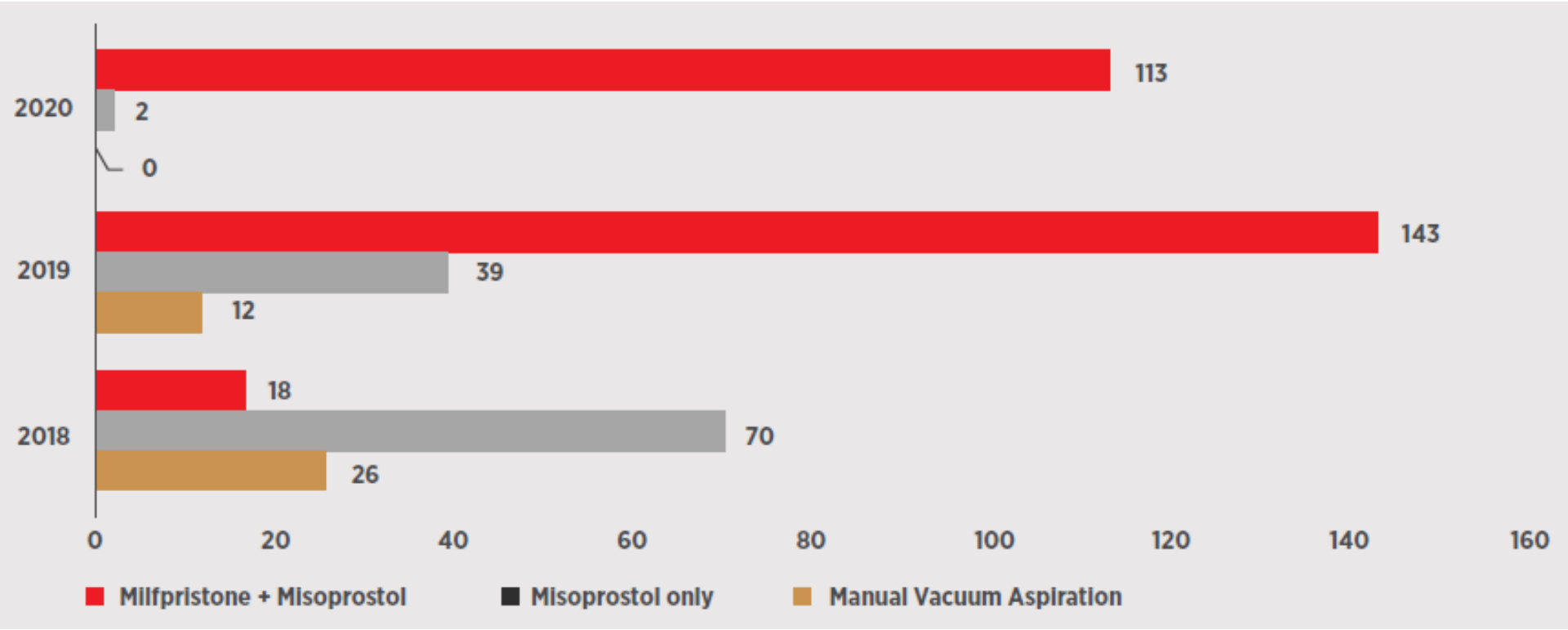
- **Thematic advisor** support.
- Exploring Values and Attitudes **(EVA) workshops**.
- **Risk analysis** and **adapted Modus Operandi** together with the lay-providers.
- **Team SMA care training** adapted to the context and to the trainee's literacy level.
- SMA care, **17 trained lay-providers.**
- **≤ 12 weeks** GA lay provider - **13-22 weeks** medical provider.



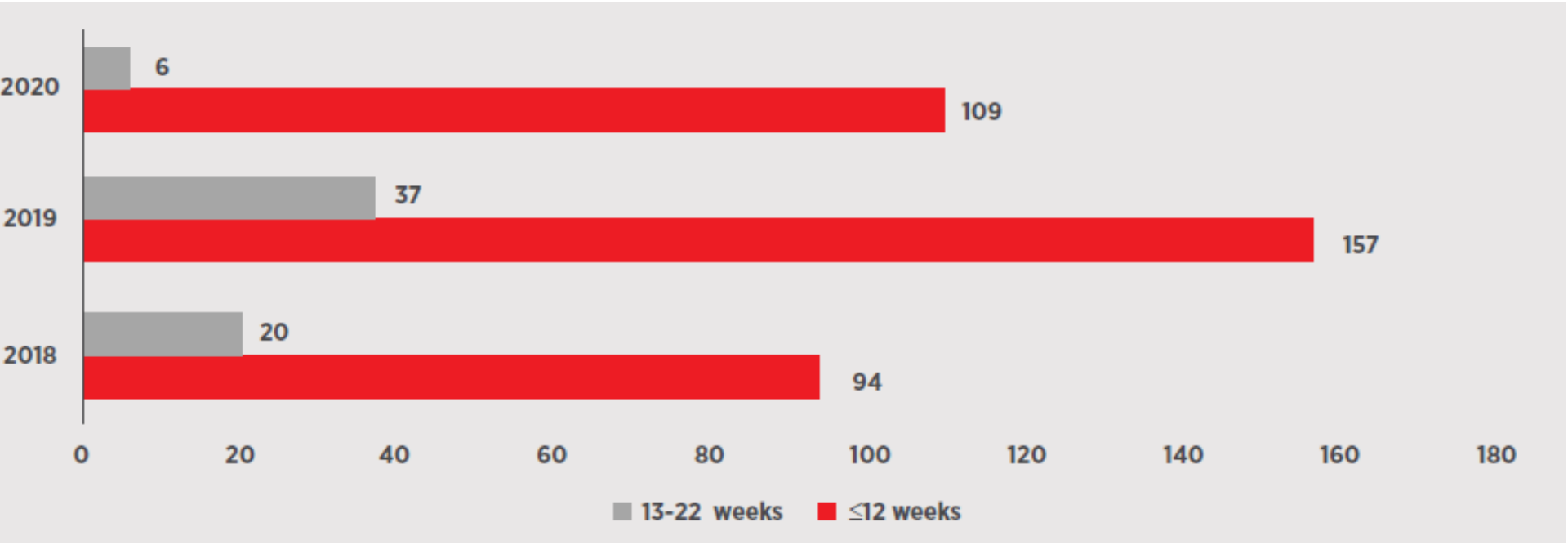
Abortion care by provider and year of implementation



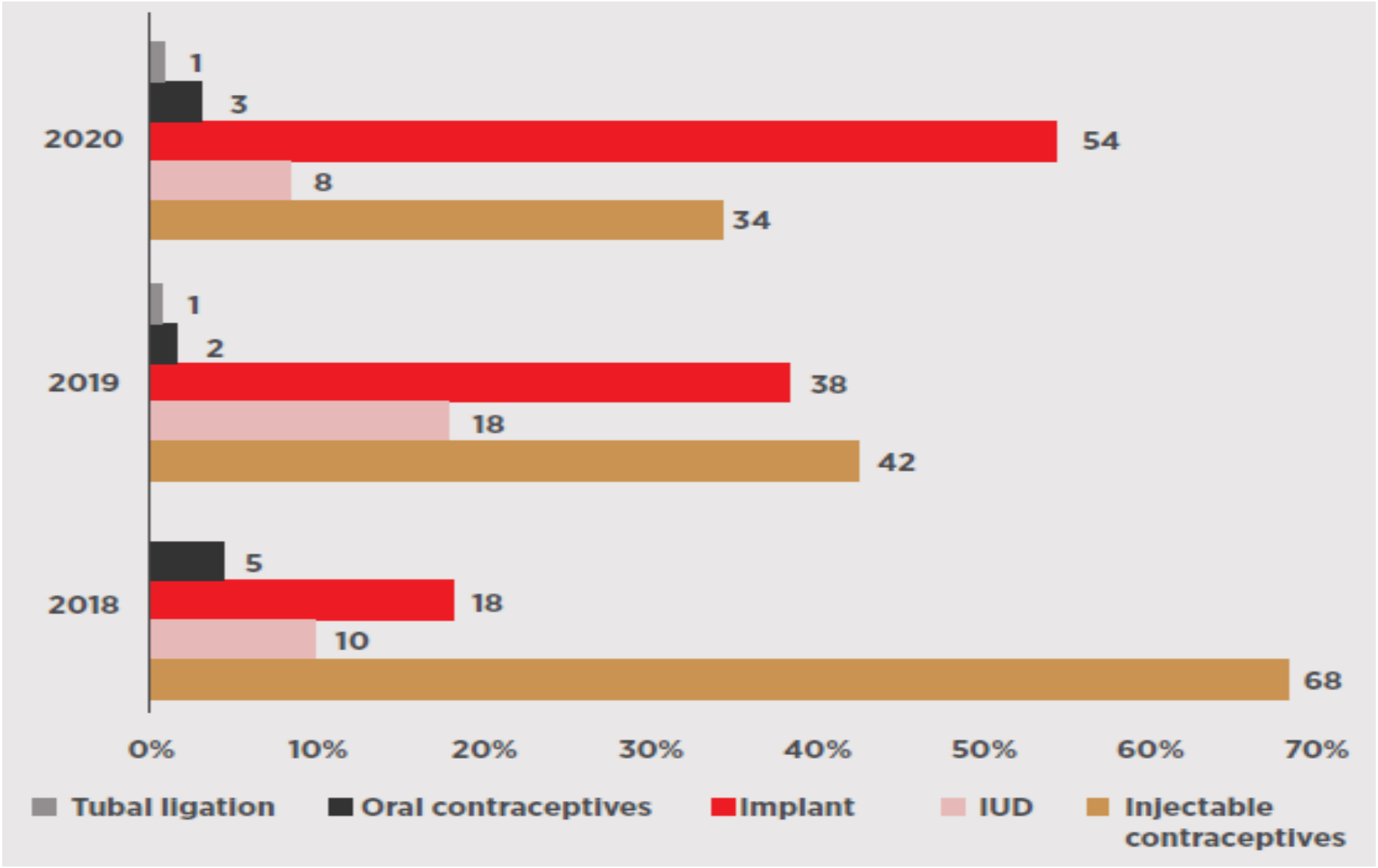
Abortion care methods by year of implementation



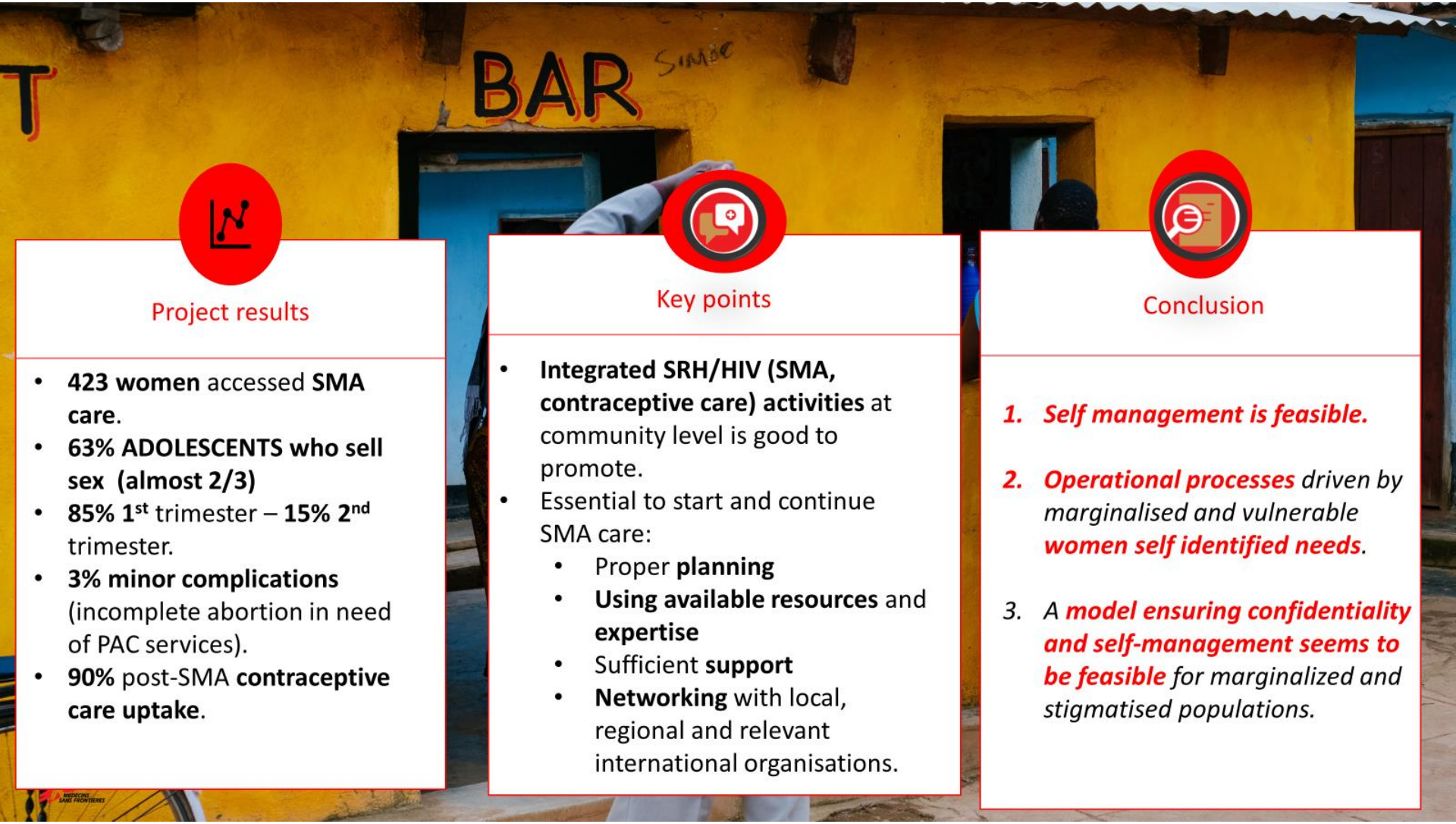
SMA care according to gestational age by year of implementation



Contraceptive methods uptake post-SMA care by year of implementation



Results, Key Points & Conclusions



Project results

- **423 women** accessed **SMA care**.
- **63% ADOLESCENTS who sell sex (almost 2/3)**
- **85% 1st** trimester – **15% 2nd** trimester.
- **3% minor complications** (incomplete abortion in need of PAC services).
- **90%** post-SMA **contraceptive care uptake**.

Key points

- **Integrated SRH/HIV (SMA, contraceptive care) activities** at community level is good to promote.
- Essential to start and continue SMA care:
  - Proper **planning**
  - **Using available resources** and **expertise**
  - Sufficient **support**
  - **Networking** with local, regional and relevant international organisations.

Conclusion

1. ***Self management is feasible.***
2. ***Operational processes*** *driven by marginalised and vulnerable* ***women self identified needs****.*
3. *A* ***model ensuring confidentiality and self-management seems to be feasible*** *for marginalized and stigmatised populations.*

“This innovative delivery model has shown that MSF can provide widely accessible SMA care in a safe, acceptable and confidential way. We therefore hope that, by sharing this experience, access to this life-saving de-medicalised SMA care will expand in wider MSF communities and beyond”.