Training Guide

Misoprostol for Treatment of Incomplete Abortion
Acknowledgments

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Module Layout
Each icon appears in the margin of the modules.

- **Time** (clock icon) indicates the total time allotted for the module.

- **Objective** (target icon) indicates the knowledge and skills that learners will have achieved by the end of the module.

- **Advance preparation** (clipboard icon) indicates the actions trainers need to complete before the module session begins. “Prepare flipchart” means to write the title and other information indicated in the instructions.

- **Materials** (folder icon) indicates handouts, worksheets or other materials that are needed.

- **Activities** (people icon) indicates an interactive activity.

- **PowerPoint** (slide icon) indicates to show a slide.

- **Flipchart** (flipchart icon) indicates an activity using a flipchart.
Unit 1:
Introduction and Training
Course Overview
Unit 1: Introduction and Training Course Overview

Time
1 hour

Unit Objectives
By the end of this unit, participants should be able to:
• Introduce their fellow learners.
• Describe overall course goal, objectives, expectations, group norms materials and resources.

Advance Preparation

- Prepare flipcharts with Unit 1 Objectives.
- Prepare flipcharts with:
  - Icebreaker Questions.
  - Group Norms (may include a few key norms such as cellphones should be turned off, participation, etc.).
  - Workshop Goal: Participants acquire the knowledge and practical skills needed to provide treatment of incomplete abortion using misoprostol.
  - Workshop Objectives (Summarize objectives from each unit on one flipchart sheet).
- Prepare blank flipcharts with the following titles:
  - Expectations
  - Parking lot
- Prepare pairs of matching cards (cards can have matching words, symbols or pictures) for the icebreaker activity.
- Make copies of Pre-test.
- Create and make copies of the Workshop Agenda.

Materials

Materials:
• Blank flipchart paper and stand, markers, tape
• Pre-prepared flipcharts
Handouts:
• Participant: Workshop Agenda
• Pre-test
A. Introduction (30 minutes)

- Welcome participants to the training workshop.
  - Introduce the trainers.
- Tell participants that the purpose of this first unit is for them to get to know each other and to become familiar with the overall course goal, objectives, expectations, group norms, materials and resources.
- Facilitate an interactive activity for learners to introduce themselves.
  - Post flipchart with the following questions:
    - Tell me something about how you got your name or nickname.
    - Were you an only child, oldest child, middle child, or youngest in your family growing up?
    - If you could go back to school and study something different, what would it be?
    - Who or what first got you interested in your career path?
    - What destination would you most like to travel to and why?
    - What was the best gift you ever received?
  - Ask participants to identify a partner and interview them for two minutes. They can use questions listed on the flipchart for guidance. Let participants know that they should take notes as they will be introducing their partner to the larger group. After two minutes, ring a bell and ask partners to switch roles.
  - Bring the group back together and give each participant 30 seconds to introduce their partner to the larger group based on the information s/he shared in the activity.

*Trainer’s Note: See Ipas’s Effective Training in Reproductive Health Course Design and Delivery for additional ice breakers or appendix for additional ice breaker activities.*

- Post flipchart: Expectations
  - Ask participants what they hope to learn in the workshop and write down their expectations on the flipchart.
  - Review participants’ expectations and identify those likely to be met during the workshop.
  - Point out any expectations that may be beyond the workshop’s scope.
  - Let participants know that the expectations will be revisited at the end of the workshop to ensure they were met.

- Post flipchart: Workshop Goal
  - Ask a participant to read the workshop goal aloud.
• Post flipchart: Workshop Objectives
  ▶ Review the workshop objectives and solicit any questions or concerns about the goal or the objectives.

• Distribute and review handout: Workshop Agenda
  ▶ Review workshop timing such as start and end times, breaks, lunch, etc. Review any logistical items such as restroom locations, etc.
  ▶ Describe participant materials (i.e. Misoprostol for Treatment of Incomplete Abortion: An Introductory Guidebook), resources (i.e. Ipas’s Effective Training in Reproductive Health Course Design and Delivery), and explain that the workshop will use a participatory approach to learning, which includes interactive training activities.

• Post flipchart: Parking Lot
  ▶ Explain that when topics/questions come up during any unit that the group does not have time to address, or which would be better addressed at a later time, trainers will write questions down in the “parking lot” flipchart which means they are set aside to be discussed later in the course.

• Post flipchart: Group Norms
  ▶ Explain that group norms are mutually agreed-upon guidelines to help the group work together, create a safe and respectful learning environment, and accomplish tasks efficiently.
  ▶ Ask participants to suggest group norms and write their suggestions on the flipchart.
  ▶ See handout at the end of the Unit for possible group norms.
  ▶ Post the list on the wall and refer to it as needed during the workshop.
  ▶ Reinforce that participants should agree to monitor themselves and raise concerns when they believe participants are not abiding by the norms.

B. Pre-test (25 minutes)

  ▶ If possible, pre-tests should be administered in advance and submitted to training organizers prior to the start of the workshop. If pre-tests were returned in advance, use this time to return scored pre-tests and provide participants with an answer key. If pre-tests were not completed in advance, issue them at this time.

  *Trainer’s Note: Unit time may need to be adjusted for participants to take the pre-test, for trainers to score them, and then return them at a later point. Please see answer key in Unit 8.*

  ▶ Review pre-test answers briefly, and inform participants that all the topics will be covered more thoroughly throughout the workshop.
  ▶ Answer any outstanding questions or put them in the parking lot to be addressed later.
Unit 1:

Introduction and Training Course Overview
Sample Ice Breaker: What’s in a Name?

Purpose:
This icebreaker provides an opportunity for learners to get to know one another better based on a deeper exploration of their names. Furthermore, it is designed so that each learner has the opportunity to have his or her voice heard in the room. This creates an atmosphere in which contributions are validated and participation is encouraged.

Group Size:
Any

Materials:
• Flipchart prepared with icebreaker questions about names
• Markers

Instructions:
• Introduce activity as an opportunity to get to know one another better.
• Explain that we are going to go around the room and have each person share the following things about his or her name (refer to flipchart):
  ▶ Your whole name.
  ▶ As much as you know about how you got your name, such as its history, origin and family stories about it.
  ▶ How you feel about any part of your name or how you feel you have been shaped (aided or hindered) by your name.
  ▶ Any nicknames you’ve had that you are willing to share and any feelings about these nicknames.
• Encourage the group to listen only and refrain from commenting during this sharing.
• Close activity by reminding participants that there is often much more to a name than meets the eye. Explain that we need to be mindful of creating spaces where we can ask such questions about each other to get to a deeper level than where customary introductions take us. Getting to know each other is the essential first step to healthy group relations and a safe learning environment.
**Sample Workshop Agenda: Misoprostol for Treatment of Incomplete Abortion**

**Day: 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Facilitator</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 9:00 am</td>
<td><em>Facilitator Name</em></td>
<td>Introduction and Training Course Overview</td>
</tr>
<tr>
<td>9:00 am – 10:00 am</td>
<td><em>Facilitator Name</em></td>
<td>Overview of Postabortion Care (PAC) and Treatment of Incomplete Abortion using Misoprostol</td>
</tr>
<tr>
<td>10:00 am – 10:15 am</td>
<td></td>
<td>Break</td>
</tr>
<tr>
<td>10:15 am – 12:15 pm</td>
<td><em>Facilitator Name</em></td>
<td>Diagnosis of Incomplete Abortion</td>
</tr>
<tr>
<td>12:15 pm – 1:30 pm</td>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30 pm – 3:30 pm</td>
<td><em>Facilitator Name</em></td>
<td>Treatment of Incomplete Abortion Using Misoprostol</td>
</tr>
<tr>
<td>3:30 pm – 3:45 pm</td>
<td></td>
<td>Break</td>
</tr>
<tr>
<td>3:45 pm – 4:15 pm</td>
<td><em>Facilitator Name</em></td>
<td>Review Parking Lot, Questions, Daily Evaluation</td>
</tr>
</tbody>
</table>

**Day: 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Facilitator</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 8:15 am</td>
<td><em>Facilitator Name</em></td>
<td>Review of Previous Day</td>
</tr>
<tr>
<td>8:15 am – 9:15 am</td>
<td><em>Facilitator Name</em></td>
<td>Counseling and Information Provision</td>
</tr>
<tr>
<td>9:15 am – 9:45 am</td>
<td><em>Facilitator Name</em></td>
<td>Follow-up Visit</td>
</tr>
<tr>
<td>9:45 am – 10:00 am</td>
<td></td>
<td>Break</td>
</tr>
<tr>
<td>10:00 am – 10:45 am</td>
<td><em>Facilitator Name</em></td>
<td>Service Delivery</td>
</tr>
<tr>
<td>10:45 am – 11:45 am</td>
<td><em>Facilitator Name</em></td>
<td>Summary, Closing and Evaluation</td>
</tr>
</tbody>
</table>
Group Activity: Possible Group Norms

Prepare a flipchart in advance with several group norms you consider to be the most important. Leave space at the bottom for participants to contribute additional norms. Make sure that all participants can agree in the beginning of the course to abide by the norms they set. Ask participants to monitor the group, including themselves, and commit to raising concerns if they believe that not everyone is abiding by the norms. Group norms help everyone learn effectively. Possible group norms include:

- Participate.
- Speak one at a time; allow each person time to talk.
- Agree to disagree, but do so respectfully.
- Start and end on time; come back from breaks promptly.
- Turn off cell phones and beepers.
- Honor everyone’s input (regardless of educational degrees, professional or community status, or personal experiences with the topic).
- When you have questions, ask them.
- Speak for yourself, not other people (for example, begin statements with “I” rather than “everybody” or “you”).
- Take charge of your own learning (for example, take breaks, ask for clarification, give input to trainers if something about the course is not working for you).
- Have fun.
Circle ALL correct answers (there may be more than one correct answer).

1. What are the preferred methods for uterine evacuation in the first trimester according to the World Health Organization (WHO)?
   a) Medical abortion
   b) Sharp curettage
   c) Vacuum aspiration
   d) Uterotonic instillation

2. Why does misoprostol for incomplete abortion have the potential to improve access to safe abortion, particularly in settings where only limited or no uterine evacuation services are currently available?
   a) It is simple and easy to use
   b) Mid-level providers can be trained to give information and the medicines
   c) The drugs do not need refrigeration
   d) It can only be provided in the clinic

3. Why do many women feel that misoprostol is highly acceptable for treatment of incomplete abortion?
   a) Misoprostol can be taken at home or in a safe place outside the clinic
   b) It may avoid instrumentation and anesthesia
   c) There will be no bleeding
   d) It can be less painful for some women

4. Excluding medical conditions, what criteria below would make a woman a potential candidate for misoprostol for incomplete abortion?
   a) She understands the process and can follow the steps
   b) She has received information on all options and selects misoprostol for incomplete abortion
   c) She is unwilling to sign the legally required consent form
   d) She agrees to undergo vacuum aspiration if medical treatment of incomplete abortion fails

5. Which of the following are contraindications to misoprostol for incomplete abortion?
   a) Suspected ectopic pregnancy
   b) HIV/AIDS
   c) Allergy to the medicine
   d) Breastfeeding
6. What is the sublingual route of taking misoprostol?
   a) Swallowing the pills
   b) Putting the pills inside the vagina
   c) Putting the pills under the tongue
   d) Putting the pills between the cheek and gum

7. What are misoprostol’s effects on the uterus and cervix?
   a) Cervical ripening
   b) Increases pregnancy hormones
   c) Uterine contractions
   d) Decreases uterine tone

8. Which one of the following statements is false? When estimating uterine size for misoprostol for incomplete abortion
   a) The uterus feels smaller than a 10 cm citrus fruit on bimanual exam with an empty bladder
   b) The uterus can be smaller than expected by LMP if some or most POCs have already been expelled
   c) Uterine fibroids may result in the uterus feeling larger on exam than expected by LMP
   d) Retroversion of the uterus, obesity, or a full bladder can make assessment of uterine size more difficult and/or less accurate

9. Which single statement below is true?
   a) Nausea and vomiting never occur after using misoprostol for incomplete abortion
   b) All women experience gastrointestinal side effects after using misoprostol for incomplete abortion
   c) Bleeding is not a side effect, it is an expected effect after using misoprostol for incomplete abortion
   d) Experience of cramping or pain after using misoprostol for incomplete abortion is quite similar for all women

10. What are the warning signs of complications?
    a) Excessive bleeding, soaking more than two extra-large sanitary pads per hour for more than two consecutive hours
    b) Fever any day after the day misoprostol is used
    c) Unusual or foul-smelling vaginal discharge, especially if accompanied by severe cramps or abdominal pain
    d) Mild nausea and vomiting

11. Which contraceptive methods can be started on the day of taking misoprostol?
    a) Oral pills
    b) Injectables
    c) IUDs
    d) Implants
12. What are side effects that women may experience after taking misoprostol?
   a) Nausea, diarrhea, fever, chills
   b) Nausea, diarrhea, itching
   c) Nausea, fever, chills, nosebleeds
   d) Fever, chills, blurred vision, diarrhea

13. Possible complications after treatment of incomplete abortion with misoprostol include:
   a) Mild cramping
   b) Excessive bleeding
   c) Uterine perforation
   d) Pelvic infection

14. Information for women about misoprostol for incomplete abortion should include:
   a) The range of normal bleeding expected
   b) Possible side effects after taking misoprostol
   c) Warning signs for which the woman should contact her provider
   d) To take a pregnancy test before her follow-up visit

15. Which of the following are useful approaches to pain management for misoprostol for incomplete abortion?
   a) Non-narcotic and narcotic analgesics
   b) Ibuprofen with or without codeine
   c) General anesthesia
   d) Hot water bottle or cloths on the lower abdomen or lower back

16. A woman should notify her health-care provider if she has bleeding that...
   a) Soaks more than two extra-large sanitary pads per hour for more than two consecutive hours
   b) Is accompanied by the passage of clots
   c) Has continued for several weeks and she begins to feel dizzy or light-headed
   d) Starts within one hour of taking misoprostol

17. What is the purpose of a follow-up visit?
   a) To detect and manage any complications
   b) To ensure that treatment was successful
   c) To provide routine antibiotics
   d) To address any other health concerns the woman may have
18. What is a symptom of ectopic pregnancy?
   a) Feeling cold all over
   b) Persistent fever
   c) Lower abdominal pain (frequently one-sided)
   d) Foul-smelling discharge

19. What are the disadvantages of using ultrasound to confirm abortion completion?
   a) It is expensive and not always available
   b) Over-interpretation of ultrasound images
   c) It is not useful for establishing intrauterine pregnancies
   d) There are no disadvantages and, when available, ultrasound should always be used

20. What factors should be in place to provide quality care for women?
   a) Client information that is simple and clear
   b) Medications and supplies for misoprostol for incomplete abortion provision
   c) Monitoring and evaluation system
   d) Allowing women a choice between misoprostol for incomplete abortion and MVA where available

21. What does it mean to allow women to take misoprostol at home or in a safe place?
   a) The treatment will not be as safe
   b) They can have family or friends present for support if they wish
   c) They can have their personal belongings with them
   d) The treatment may not be as effective as in the clinic

22. What should be provided for all women undergoing treatment with misoprostol for incomplete abortion?
   a) Contact information in case of questions or emergencies
   b) Information on warning signs
   c) Sterilization procedure
   d) Follow-up visit appointment
Unit 2:
Overview of Postabortion Care (PAC) and Treatment of Incomplete Abortion using Misoprostol
Unit 2: Overview of Postabortion Care (PAC) and Treatment of Incomplete Abortion using Misoprostol

Time
1 hour

Unit Objectives

By the end of this unit, participants should be able to:

• Define postabortion care (PAC) and list its essential elements.
• Explain why the use of misoprostol to treat incomplete abortion is an important component of comprehensive PAC services.
• Describe efficacy, safety, and acceptability of misoprostol in treating incomplete abortion.
• Explain how misoprostol compares to other treatment options.
• Distinguish between missed abortion compared to incomplete abortion.

Advance Preparation

Prepare flipcharts with Unit 2 Objectives.

Prepare flipchart sheets for PAC Treatment Options Chart (see appendix, six sheets together, one sheet per column and all options filled EXCEPT misoprostol)

Prepare blank flipcharts with titles:

▶ Advantages misoprostol
▶ Advantages MVA
▶ Disadvantages misoprostol
▶ Disadvantages MVA

Print or prepare three signs: NOT AT ALL, A LITTLE, A LOT

Print out handouts for group
A. Description of Postabortion Care and Essential Elements (10 minutes)

- Introduce the module and review the unit objectives.
- Show slides 1 (Title Slide) and 2 (Objectives).
- Ask participants to define postabortion care. List their responses on the flipchart.
- Show slide 3 (What is Postabortion Care?) and review the following points:
  - Explain that postabortion care, commonly referred to as PAC is:
    - A series of medical and related interventions designed to manage the complications of incomplete spontaneous and induced abortion, (both safe and unsafe), and address women’s related health-care needs.
    - A global initiative to reduce maternal morbidity and mortality and to improve women’s sexual and reproductive health and lives.
    - A model of care that consists of five elements.
    - Considered a priority based on several international conferences on Population and Development.
- Show slide 4 (Five Essential Elements of PAC) and review the following points:

  **Community and provider partnerships**
  - Prevent unwanted pregnancies and unsafe abortion.
  - Mobilize resources to help women receive appropriate and timely care for complications from abortion.
  - Ensure that health services reflect and meet community expectations and needs.
Counseling to respond to women’s needs

- Identify and respond to women’s emotional and physical health needs and other concerns.

Treatment of incomplete and unsafe abortion

- Treat incomplete and unsafe abortion and potentially life-threatening complications.

Contraceptive and family planning services

- Help women prevent an unwanted pregnancy or practice birth spacing.

Reproductive health and other services

- Preferably provide on-site, or via referrals to other accessible facilities in providers’ network.

Post a blank flipchart, ask participants to call out the advantages of PAC and record their responses. Make sure answers include the following:

- Can be included in the existing range of services or as a separate, vertical service
- Is acceptable where induced abortion is legally restricted
- Links curative service (treatment for complications) with preventive service (i.e. family planning)
- Can be offered successfully in low-resource settings
- Show slide 5 (Advantages of PAC).

B. The Use of Misoprostol as part of PAC Services (30 minutes)

- Show slide 6 (Essential Element for PAC: Treatment).

- Explain to participants that this training will focus on the treatment element of PAC. Specifically, this training will focus on using misoprostol to treat incomplete abortion. Tell participants that postabortion care encompasses incomplete and missed abortion but the focus of this training is on cases of incomplete abortion.

Introduce the Comfort Continuum Activity. Explain that this activity asks participants to reflect on their level of comfort discussing, explaining options and providing misoprostol for incomplete abortion.

<table>
<thead>
<tr>
<th>Not At All</th>
<th>A Little</th>
<th>A Lot</th>
</tr>
</thead>
</table>

- Tape the three signs on the wall or floor in an open area where there is enough space for participants to move around. Place the signs in order in a row to represent a continuum.
Misoprostol for Treatment of Incomplete Abortion: Training Guide

- Using the Trainer Handout: Comfort Continuum, read the first statement aloud. Ask participants to physically move to the point along the continuum that best represents their feelings. Encourage participants to be honest about their feelings and to resist being influenced by where others are standing.

- After participants have positioned themselves, ask volunteers at different points along the continuum to explain the reason why they chose to stand in that particular location.

- Read the next statement aloud.

(Trainer’s Note: It is not necessary to read all the statements, but include statements that are most relevant for the audience).

Facilitate a brief discussion about the different responses and levels of comfort in the room. Refer to the reasons participants gave about their place on the continuum to further stimulate the conversation. Discussion questions can include:

- What observations do you have about your responses? Other people’s responses?
- Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
- What about your responses surprised you? How about other people’s responses?

- Emphasize the large impact providers’ attitudes have on their provision of services and women’s experience and satisfaction with those services.

C. Treatment Options for Incomplete Abortion (5 minutes)

- Review the various treatment options for treatment of incomplete abortion.

- Show slide 7 (Treatment Options) and review the following points:

  Expectant Management
  - Allowing the uterus to evacuate the products of conception spontaneously over time without provider intervention. This is used in cases when abortion is inevitable.

  Electric Vacuum Aspiration (EVA) also called suction abortion, vacuum curettage, suction curettage, or mini-suction
  - The contents of the uterus are evacuated through a plastic or metal cannula (thin tube) attached to an electric vacuum source.

  Manual vacuum aspiration (MVA)
  - The contents of the uterus are evacuated through a plastic cannula (thin tube) attached to a hand-held, portable aspirator vacuum source.

  Medication (MISOPROSTOL)
  - Taking pills that cause the uterus to contract and expel remaining products of conception from the uterus.
Sharp curettage (SC)
- Involves dilating the cervix and using a sharp metal instrument to scrape the uterine walls.
  - The World Health Organization (WHO) does not recommend this method. Where SC is currently practiced, all possible efforts should be made to replace it with vacuum aspiration or medical methods to improve the safety and quality of care.

Tell participants that using a particular treatment method depends on:
- Staff skills
- Equipment, supplies, drugs available
- The woman’s clinical condition
- Each woman’s personal preference

- Post the six pre-prepared flipcharts: PAC Treatment Options Chart. Explain that participants will think through each treatment option for incomplete abortion as a group.
### PAC Treatment Options Chart

*(Trainer’s Note: Use six sheets of flipchart paper and put one column on each sheet or use a large chalk board or dry erase board to make this chart)*

<table>
<thead>
<tr>
<th>Methods</th>
<th>Safety</th>
<th>Effectiveness</th>
<th>Cost Considerations</th>
<th>Accessibility</th>
<th>Women’s Acceptability</th>
</tr>
</thead>
</table>
| **Expectant Management** | • Involves allowing the uterus to evacuate the products of conception spontaneously over time without provider intervention  
• Natural Process  
• Throughout the first trimester | • Emergency access to emergency care is important in case any products of conception are retained and cause complications (i.e. infection) | • Effectiveness varies and vacuum aspiration may still be necessary  
• Up to 84% (at 2 weeks) | • No cost | • Women can use this method at home  
• Needs to happen under the supervision of a trained provider (including mid-level) | • Women can remain awake  
• Private  
• More natural/like miscarriage  
• Need time and patience  
• Side effects: bleeding and cramping |
| **EVA** | • A slender tube is inserted into the uterus attached to a small hand-held device that creates electric suction  
• Uterine size less than or equal to 12 weeks from LMP | • Low risk of infection or injury  
• Little or no cervical dilation  
• Low blood loss  
• Short outpatient stay | • 98-100% | • Cost effective if done on an outpatient basis under local anesthesia  
• EVA machine is expensive – requires constant supply of electricity | • Can be used in mid-level as well as high level health facilities in clean conditions with proper provider training | • Women can remain awake  
• Side effects: bleeding and cramping |
| **MVA** | • A slender tube is inserted into the uterus attached to a small hand-held device that creates suction manually  
• Uterine size less than or equal to 12 weeks from LMP | • Low risk of infection or injury  
• Little or no cervical dilation  
• Low blood loss  
• Short outpatient stay | • 98-100% | • Cost effective if done on an outpatient basis under local anesthesia  
• MVA instrument is inexpensive | • Can be used in low-level health care facility, in clean conditions with proper provider training | • Women can remain awake  
• Procedure is quiet  
• Side effects: bleeding, cramping |

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22 Unit 2: Overview of Postabortion Care (PAC) and Treatment of Incomplete Abortion using Misoprostol
Ask participants to suggest possible answers to fill in the misoprostol section of the chart. Write correct answers directly on the chart.

*Trainer’s Note: To make this more participatory, you can leave the chart blank and hand out index cards and ask participants to fill them out and post in the correct box. Encourage participants to post items throughout the workshop. An alternate option is to fill out the index cards ahead of time and, after each topic area is discussed, to hand them out and ask participants to post them in the correct box.*

D. **Misoprostol for Treatment of Incomplete Abortion (20 minutes)**

Summarize what misoprostol is and how it works.

- Show slide 8 (Misoprostol to Treat Incomplete Abortion) and review the following points:
  - Misoprostol is a synthetic prostaglandin that stimulates uterine contractions and causes uterine evacuation. It is inexpensive and stable at room temperature.
  - Misoprostol is available in many countries for the prevention and treatment of gastric ulcers. It can also be used for cervical preparation before vacuum aspiration, labor induction, abortion, prevention and treatment of postpartum hemorrhage, and treatment for missed or incomplete abortion.
  - Because of the way misoprostol works in the body, different routes work better for different indications. For PAC, oral and sublingual routes have been documented as most effective.
  - Misoprostol is most commonly available in 200 mcg or 100 mcg tablets.

- Show Slide 9 (Misoprostol: Mechanism of Action) and review the following points:
  - It provokes uterine contractions which empty the uterus.
  - It ripens or softens the cervix which stimulates the uterus.

- Show slide 10 (Misoprostol: Effects on the Uterus and Cervix) and review the following effects:
  - Cervical Ripening
  - Cervical Dilation
  - Increase in Uterine Tone
  - Uterine Contractions

- Discuss the role of misoprostol in postabortion care.

- Ask participants if they can think of some of the advantages of using misoprostol for PAC and list suggestions on a flipchart and then

- Show slide 11 (Misoprostol: An Important Treatment for PAC).

- Discuss the advantages and be sure to review the following points:
Research shows misoprostol effectively evacuates the uterus after pregnancy failure making it an effective treatment option for PAC.

Misoprostol provides a pill option that could help avoid instrumentation for most women.

It is inexpensive and widely available therefore especially useful in low-resource settings.

Misoprostol could increase access to services:
- Simple to administer – skills with instruments not needed
- Can be provided as outpatient procedure, and may be offered at the community level
- Stable at room temperature so it does not require special storage (i.e. refrigeration)
- Can be integrated into existing PAC service or as a separate service where no other treatment options exist

- Refer participants to the PAC Treatment Options Chart posted in the room. Add any missing information about misoprostol to the chart. Encourage participants to take initiative and add information to the chart throughout the workshop.

- Tell participants that there is international support to include misoprostol as a treatment option for PAC.

- Show slide 12 (International Support) and review the following points:
  - Misoprostol is included on the World Health Organization (WHO) Essential Medicines List (EML) for treatment of incomplete abortion (April 2009).
  - Many international regional and international professional associations offer guidelines on its use (i.e. FIGO, FLASOG, ACOG).

- Explain that there are challenges with some current treatment options for incomplete abortion.

- Show slide 13 (Challenges with Current Treatment Options for PAC) and discuss the challenges.

  **Expectant management**
  - Time to spontaneous expulsion is unpredictable.
  - Some women might prefer an active approach.

  **Active management with vacuum aspiration**
  - Involves maintenance of equipment, training of providers, costs of equipment.
  - Not available in all settings or to all providers within certain settings.

- Tell participants that misoprostol is highly effective for treatment of incomplete abortion. Distribute Participant Handout: Misoprostol Efficacy for Treatment of Incomplete Abortion.
• Show slide 14 (Misoprostol Efficacy) and review the following points:
  ▶ Successful use of misoprostol implies complete evacuation of the uterus without recourse to further intervention.
  ▶ Sometimes, completion with (vacuum) aspiration may be needed for retained products of conception, heavy bleeding, or at the request of the woman.
  √ Published data from nearly a dozen studies globally offering misoprostol in doses of 600 mcg oral or 400 mcg sublingual with follow-up at least 7 days after treatment have consistently reported efficacy rates from 95 - 99 percent.

• Refer participants to the PAC Treatment Options Chart. Add any missing information to the chart.

• Tell participants that misoprostol has been safely used by millions of men and women worldwide since 1988 for the prevention of gastric ulcers associated with chronic NSAID use.

• Show slide 15 (Misoprostol: Safety) and review the following points:
  ▶ There has NOT been any association between misoprostol and any long-term effects on women’s health.
  ▶ Prolonged or serious side effects are very rare.

• Tell participants that both women and providers find treatment for incomplete abortion with misoprostol to be highly acceptable.

• Show slide 16 (Misoprostol: Acceptability) and review the following points:
  ▶ Research in low-resource settings in several countries has indicated that over 90 percent of women were “very satisfied” or “satisfied” with misoprostol treatment.
  ▶ Many women report that they would choose misoprostol again if they were to need treatment for incomplete abortion in the future.

• Return to the PAC Treatment Options Chart flipcharts and add any missing information using the Trainer Handout: PAC Treatment Options Chart. Discuss the completed chart with the group. Keep the chart up during the training so that participants can review it at their leisure.

• Explain to participants that there are different advantages and disadvantages for treating incomplete abortion with misoprostol compared to vacuum aspiration. Divide the participants into two groups. Post four flipchart pages, two by two. Ask one group to list the advantages and disadvantages of using misoprostol to treat incomplete abortion on two flipchart sheets. Ask the other group to do the same for vacuum aspiration. Ask a volunteer from each group to share the responses with the large group. Make sure the following answers are included:
### Medical Intervention
- Avoids instrumentation, anesthesia
- More natural, like menses
- Less painful to some women
- Easier emotionally for some women
- Can be provided by mid-level staff
- Woman can be more in control, involved

### Vacuum Aspiration
- Quicker
- More certain
- Less painful to some women
- Easier emotionally for some women
- Can be provided by mid-level staff
- Woman can be less involved

### Advantages
- Bleeding, cramping, nausea (actual or feared)
- Waiting, uncertainty
- Depending on protocol, more or longer clinic visits
- Cost/availability

### Disadvantages
- Invasive
- Can be more painful to some women
- Small risk of uterine or cervical injury
- Small risk of infection
- Loss of privacy, autonomy
- Cost/availability

---

- Show slide 17 (Comparing Misoprostol and Vacuum Aspiration).
- Read the following case studies to the group and ask them why they think the woman in each example might choose a specific method of uterine evacuation. Ask the group what questions they would ask the woman to help her decide which method is best for her.

---

**Case Study 1:**
A 28-year-old mother of three young children presents with an incomplete abortion 10 weeks LMP. She is very distraught because she thought everything in the pregnancy was going fine and then suddenly her morning sickness stopped and the bleeding began. She just learned that the pregnancy is no longer viable and she brought two of her young children with her to the clinic. She does not have much money with her.

**Case Study 2:**
A 17-year-old student presents with an incomplete abortion eight weeks LMP. She knew she was pregnant for about a week and doesn't want to talk about why she is having vaginal bleeding and cramping. She is very nervous about medical procedures and was extremely uncomfortable during the pelvic exam.
**Case Study 3:**
A 19-year-old mother of a one-year-old child presents with an incomplete abortion 12 weeks LMP. She is accompanied by her older sister. She seems like she is in a hurry to get home to be with her child.

- Include the following points during the discussion:
  - In each of these cases the woman might choose one method over another.
  - It’s important to not make assumptions about what would be more convenient, less painful, or less costly to a patient and to ask clarifying questions.

**Case Study 1:**
The woman may prefer to take misoprostol since she does not have very much money and misoprostol is a less expensive option. She may also prefer vacuum aspiration as she is distraught and may not want to prolong the process.

**Case Study 2:**
Since the student was uncomfortable during the pelvic exam, misoprostol might cause her less anxiety. Vacuum aspiration is a more invasive method.

**Case Study 3:**
Misoprostol might be a good option for this woman so that she can return home to her child. Remind participants that the provider may want to ask if the woman has support at home (to help with her child, etc.) as she goes through the process.
E. Misoprostol for Missed Abortion (5 minutes)

- Explain to participants that missed abortion is diagnosed by ultrasonography and is defined as a pregnancy in which an embryo or fetus is no longer living and growing.

- Show slide 18 (Misoprostol and Missed Abortion) and review the following points:
  - Women experiencing a missed abortion generally have little or no bleeding and no other overt signs or symptoms.
  - It may be diagnosed when a woman has a closed cervix and a uterus that does not increase in size over time.
  - Treatment dose: single dose of 800 mcg vaginal

F. Closing (5 minutes)

- Revisit the Parking Lot and discuss any unanswered questions and/or provide resources for additional information.

- Review unit objectives to ensure that they have been covered.

- Show slides 19-20 (Summary slides) and review the following points:
  - PAC manages complications from both spontaneous and induced abortion.
  - Treatment is one of the five essential elements of PAC.
  - Recommended treatment options for incomplete abortion in the first trimester include: expectant management, vacuum aspiration (electric and manual) and medication (misoprostol).
  - Misoprostol stimulates uterine contractions to cause evacuation of residual material (such as clots, pregnancy tissue, etc.)
  - Misoprostol is safe, effective and highly acceptable to women and providers.
  - Misoprostol is an important new treatment option because it could increase access to services (pill option, widely available, inexpensive, can be used in low-resource settings on an outpatient basis).

- Solicit any final questions/comments.
Unit 2:

Overview of Postabortion Care (PAC) and Treatment of Incomplete Abortion using Misoprostol
### For Trainers

#### PAC Treatment Options Chart

<table>
<thead>
<tr>
<th>Methods</th>
<th>Safety</th>
<th>Effectiveness</th>
<th>Cost Considerations</th>
<th>Accessibility</th>
<th>Women’s Acceptability</th>
</tr>
</thead>
</table>
| Expectant Management     | *Involves allowing the uterus to evacuate the products of conception spontaneously over time without provider intervention*  
  *Natural Process*  
  *Throughout the first trimester*  
  *Emergency access to emergency care is important in case any products of conception are retained and cause complications (i.e. infection)*  
  *Effective-ness varies and vacuum aspiration may still be necessary*  
  *Up to 84% (at 2 weeks)*  
  *No cost*  
  *Women can use this method at home*  
  *Needs to happen under the supervision of a trained provider (including mid-level)*  
  *Women can remain awake*  
  *More natural/like miscarriage*  
  *Need time and patience*  
  *Side effects: bleeding and cramping*  |  

| EVA                      | *A slender tube is inserted into the uterus attached to a small hand-held device that creates electric suction*  
  *Uterine size less than or equal to 12 weeks from LMP*  
  *Low risk of infection or injury*  
  *Little or no cervical dilation*  
  *Low blood loss*  
  *Short outpatient stay*  
  *98-100%*  
  *Cost effective if done on an outpatient basis under local anesthesia*  
  *EVA machine is expensive – requires constant supply of electricity*  
  *Can be used in mid-level as well as high level health facilities in clean conditions with proper provider training*  
  *Women can remain awake*  
  *Side effects: bleeding and cramping*  |  

| MVA                      | *A slender tube is inserted into the uterus attached to a small hand-held device that creates suction manually*  
  *Uterine size less than or equal to 12 weeks from LMP*  
  *Low risk of infection or injury*  
  *Little or no cervical dilation*  
  *Low blood loss*  
  *Short outpatient stay*  
  *98-100%*  
  *Cost effective if done on an outpatient basis under local anesthesia*  
  *MVA instrument is inexpensive*  
  *Can be used in low-level health care facility, in clean conditions with proper provider training*  
  *Women can remain awake*  
  *Procedure is quiet*  
  *Side effects: bleeding, cramping*  |  

| Misoprostol               | *Causes contractions that expel remaining products of conception*  
  *Uterine size less than or equal to 12 weeks from LMP*  
  *Referral relationship to a facility with vacuum aspiration would be helpful*  
  *91-99%*  
  *Average is 95%*  
  *Inexpensive*  
  *Can be provided in any health facility or family planning clinic*  
  *Women can use this method at home*  
  *Women can remain awake*  
  *More natural/like miscarriage*  
  *Side effects: nausea, vomiting, fever, chills, bleeding*  |
For Trainers
Comfort Continuum Statements

Trainer instructions: Below are statements appropriate for health-care providers and health workers. You can choose some of the following statements or develop other statements that are more relevant in your country or setting.

1. How comfortable are you with PAC services being provided in your facility?
2. How comfortable are you receiving phone calls from women off-hours (possibly nights or weekends) if they need reassurance or are worried?
3. How comfortable are you using misoprostol and the possibility of side effects (bleeding, incomplete evacuation) compared to vacuum aspiration methods?
4. How comfortable are you with the amount of bleeding women may experience with misoprostol and that they will be managing the bleeding themselves at home?
5. How comfortable are you with telephone follow-up after misoprostol administration if the woman does not return for her scheduled follow-up visit?
6. How comfortable are you administering misoprostol for women who have induced their own abortion and are experiencing complications (incomplete uterine evacuation)?
7. How comfortable are you with adolescent and young women using misoprostol for an incomplete abortion?
8. How comfortable are you advocating for women’s access to misoprostol (for incomplete abortion)?
For Participants
Misoprostol Efficacy for Treatment of Incomplete Abortion

Misoprostol Efficacy for Treatment of Incomplete Abortion

<table>
<thead>
<tr>
<th>Country</th>
<th>Groups</th>
<th>N</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>600 mcg oral misoprostol vs. MVA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dao et al. 2007 (Burkina Faso)</td>
<td>misoprostol vs. MVA</td>
<td>460</td>
<td>94.5% vs. 99.1%</td>
</tr>
<tr>
<td>Bique et al. 2007 (Mozambique)</td>
<td>misoprostol vs. MVA</td>
<td>100</td>
<td>91% vs. 100%</td>
</tr>
<tr>
<td>Shwekerela et al. 2007 (Tanzania)</td>
<td>misoprostol vs. MVA</td>
<td>300</td>
<td>99% vs. 100%</td>
</tr>
<tr>
<td>Taylor et al. 2010 (Ghana)</td>
<td>misoprostol vs. MVA</td>
<td>220</td>
<td>99% vs. 99.1%</td>
</tr>
<tr>
<td>Montesinos et al. 2011 (Ecuador)</td>
<td>misoprostol vs. MVA</td>
<td>203</td>
<td>94.3% vs. 100%</td>
</tr>
<tr>
<td><strong>400 mcg sublingual vs. 600 mcg oral misoprostol</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diop et al. 2009 (Moldova/ Madagascar)</td>
<td>sublingual misoprostol vs. oral misoprostol</td>
<td>300</td>
<td>94.5% vs. 94.6%</td>
</tr>
<tr>
<td><strong>400 mcg sublingual misoprostol vs. MVA or sharp curettage (SC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dabash et al. 2010 (Egypt)</td>
<td>misoprostol vs. MVA</td>
<td>700</td>
<td>&gt;96% vs. 99%</td>
</tr>
<tr>
<td>Shochet et al. 2012 (Senegal, Mauritania, Niger, Burkina Faso, Nigeria)</td>
<td>misoprostol vs. SC and MVA</td>
<td>860</td>
<td>&gt;94.4% vs. 100%</td>
</tr>
</tbody>
</table>
A LOT
A LITTLE
NOT AT ALL
Unit 3:

Diagnosis of Incomplete Abortion
Unit 3: Diagnosis of Incomplete Abortion

Time
45 min- 2 hours

Unit Objectives
By the end of this unit learners should be able to:
• Describe a complete clinical assessment.
• Explain the eligibility criteria for using misoprostol to treat incomplete abortion.
• Describe contraindications to misoprostol use to treat incomplete abortion.

Advance Preparation
- Prepare flipcharts with Unit 3 Objectives.
- Make copies of handouts.
- Make copies of stoplight signs either for each participant or one copy of each to post in a continuum at the front of the room.
- Make 4 copies of FACT or MYTH signs.
- Purchase/bring prizes (optional).

Materials

Materials:
• PowerPoint slides
• Blank flipchart paper and stand, markers, tape
• Fact or Myth Answer Key

Handouts:
- Patient History Scenarios
- Patient History Checklist
- (Optional) prizes for Fact or Myth game
A. Background

- Introduce the module and review the module objectives.
- Show slide 1 (Introduction) and slide 2 (Objectives).
- Post a blank flip chart and write “PAC services” in the center and circle it. Ask participants to brainstorm the reasons a woman may need PAC services.
- Explain that there are three circumstances that lead women to present for PAC. Write the following on the flip chart around the circle and draw an arrow from PAC services to each (see example below). Post for the remainder of this module training.
  - Unsafe abortion, possibly self-induced
  - Complications of safe abortion
  - Spontaneous abortion

- Ask a different participant to read each of the following descriptions aloud. Ask participants what the descriptions all have in common.
  - An 18-year-old woman walks into a clinic holding onto her partner’s arm to steady herself and complains of feeling sick. She is having moderate vaginal bleeding and lots of cramping. Her partner asks for immediate help.
  - A 28-year-old woman comes to the hospital and seems calm and is not in any visible pain. She reports that she has had vaginal bleeding and mild cramping for more than 10 days and she doesn’t know why it hasn’t stopped. In the last two days the bleeding and cramping have increased substantially.
  - A 34-year-old woman comes to a health care facility and at first glance she looks like she may have the flu, as she is having chills and fever and looks pale. Upon questioning she has been bleeding heavily for the last 4 hours and is having abdominal pain that comes in waves. She has difficulty talking when the cramping occurs.

- Explain that these are all typical ways that women present for PAC services. Explain that in most cases women needing PAC services are not in an emergent situation.
• Show slide 3 (Typical Ways Women Present for PAC Services) and review the following points:
  ▶ Ambulatory
  ▶ Complaining of vaginal bleeding and/or pelvic pain
  ▶ Possibly complaining of fever and/or chills

B. Using Misoprostol

When misoprostol can and cannot be used

• Ask participants who is eligible to take misoprostol.

• Show slide 4 (Who is Eligible for Misoprostol) and review the following points:
  ▶ Women with diagnosed incomplete abortion whose uterine size is less than or equal to 12 weeks LMP
    ✓ open cervical os
    ✓ vaginal bleeding or history of vaginal bleeding during this pregnancy
  ▶ Spontaneous or induced abortion
  ▶ Women in general good health, without signs of shock or serious infection
  ▶ Women who are breastfeeding—there are no known long-term adverse effects on infants who are exposed to misoprostol in breast milk.

• Point out that providers should let the woman know that, if misoprostol treatment fails, vacuum aspiration may be needed.

• Ask participants who should not take misoprostol.

• Show slides 5, 6 & 7 (Who is NOT Eligible for Misoprostol) and review the following points:
  ▶ Known history of allergy to misoprostol or other prostaglandins
  ▶ Suspicion of ectopic pregnancy (Women with suspected ectopic pregnancies should be referred for appropriate treatment).
  ▶ Woman with IUD in place (once removed woman is eligible)
  ▶ Signs of severe infection and/or sepsis
  ▶ Hemodynamic instability or shock

• Summarize that you have reviewed which women are eligible to treat an incomplete abortion with misoprostol and which women have contraindications for using misoprostol to treat incomplete abortion (including complications).
Conditions under which misoprostol should not be used for uterine evacuation:

- Ask participants if they can think of conditions under which misoprostol should not be used for uterine evacuation. Record responses on a flipchart and circle correct responses at the end.
- Show slide 8 (When Should MVA be Performed Instead of Misoprostol).
- Tell participants that the conditions include severe hemorrhage with signs of hemodynamic instability and/or sepsis or signs of severe pelvic infection.
  - Explain that vacuum aspiration should be used for a woman experiencing severe hemorrhage with signs of hemodynamic instability because it may stop bleeding more quickly. Point out that such a woman may need fluid or blood replacement.
- Ask participants what they should do if vacuum aspiration is not readily available. Explain that, in this situation, misoprostol should be administered and IV fluids should be started while transport to a higher-level facility is being arranged.
- Show slide 9 (When MVA Should be Performed Instead of Misoprostol).
- Explain that vacuum aspiration should be used for a woman experiencing sepsis or signs of severe pelvic infection because it would empty her uterus quickly. Point out that, in this situation, antibiotics should be given so her infection can be treated and that she may need to be transferred to a higher-level facility.

C. Complete clinical assessment of the woman in stable condition

- Show Slide 10 (Goals of the Clinical Assessment).
- Explain that the goals of the clinical assessment include:
  - Making sure that the woman’s condition is appropriate for care at current facility, i.e. she does not require higher level of care
  - Establish woman’s preference
- Show Slide 11 (Four Components to a Clinical Assessment)
- Let participants know that the first step in a complete clinical assessment is to talk with the woman and go over her history. Point out that there are three main pieces of information that should be obtained.
- Show slide 12 (Patient History) and review the following:
  - Reason for visit
  - LMP
  - Bleeding history of the pregnancy
• Inform learners that the next activity will help them practice identifying women who may need treatment for incomplete abortion. Hand participants Patient History Scenarios and Patient History Checklist handouts and ask them to work with a partner; one person should play the role of the “provider” and the other play the role of the “woman.” After 3 minutes ask participants to switch roles. Process the activity with the large group by asking the following:
  ▶ What about the “woman” made you immediately think that she may be in need of treatment for incomplete abortion?
  ▶ Emphasize that it only takes a few minutes for a trained health-care provider to ascertain that a woman may need treatment for incomplete abortion.

• Explain to participants that after reviewing the woman’s history, the next component of performing a complete clinical assessment is conducting a physical exam.

• Point out that this step of the clinical assessment is very important to determine treatment options, including misoprostol.

• Show slide 13 (Physical Exam: Assess her Appearance and take Vital Signs) and review the points.

D. Bimanual exam

• Explain that for a proper examination of a woman’s uterine size, she should first empty her bladder. Point out that to treat incomplete abortion with misoprostol her uterine size should be confirmed to be less than or equal to the size of a pregnancy of 12 weeks’ gestational age.

• Show slide 14 (Physical Exam: Estimate Uterine Size) and review the following points:
  ▶ The uterus on bimanual exam, with an empty bladder, should feel no larger than a 12cm citrus fruit (think of available fruit fitting this description).

  Trainer’s note: the following points can also be reviewed:

  ▶ The uterus can be smaller than expected by LMP if some or most POCs have already been expelled.
  ▶ Conversely, uterine fibroids may result in the uterus feeling larger on exam than expected by LMP.
  ▶ Fibroids, retroversion of the uterus, obesity, or a full bladder can make assessment of uterine size more difficult and/or less accurate.

• Explain that after estimating her uterine size the next step of the physical exam is to assess the cervical os by palpation or inspection. Is it open?

• Show slide 15 (Physical Exam: Is The Cervical Os Open?) and review the following:
  ▶ An open cervical os indicates recent or ongoing passage of uterine contents
  ▶ If products are visible at the os, then it is open
• Emphasize that precise dating of the initial gestational age is unnecessary as long as the uterine size at presentation for treatment is equivalent to a pregnancy of 12 weeks’ LMP or less.

• Show slide 16 (Lab Tests)

Trainers note: Special exams and lab tests are not necessary for assessing woman’s eligibility. Assessment of blood loss can be done by assessing the woman’s physical appearance for pallor, presence of fast pulse, low blood pressure, paleness of conjunctivae and nail beds. Studies show that the change in hemoglobin is clinically equivalent with either misoprostol or surgical treatment.

E. Ultrasound: to use or not to use?

• Explain that incomplete abortion, as noted earlier, is defined as bleeding in pregnancy with an open os and partial passage of POC. Ultrasound is not required to diagnose any of these elements. Rather, ultrasound may assist in considering overall assessment, and can be useful in selected circumstances (i.e., difficult exam secondary to obesity or fibroids).

Advantages and Disadvantages of Ultrasound Use:

• Break participants into two groups (if the group is large there can be 4 groups) and provide each group with a blank sheet of flipchart paper. Ask one group to make a list of the advantages of using ultrasound and the other group to list the disadvantages. After 5 minutes, post each flip chart and ask a volunteer from each group to review their lists with the larger group.

• Show slide 17 (Ultrasound: Advantages) and review the following:

Advantages:
  ▶ Can establish presence of intrauterine pregnancy
  ▶ May be helpful establishing gestational age

• Show slide 18 (Ultrasound: Disadvantages) and be sure the following points have been covered:

Disadvantages:
  ▶ Can lead to unnecessary and excessive intervention
  ▶ Over-reliance on ultrasound can diminish clinical skills
  ▶ Expensive and not always available
  ▶ Quality of images varies depending on type of machine and sonographer’s skills
  ▶ Interpretation (diagnosis) is highly dependent on skills and experience of sonographer
  ▶ Emphasize that ultrasound is not essential to provide misoprostol for treatment of incomplete abortion.

• Show slide: 19 (Ultrasound) and review the following key concepts about the role of ultrasound and treating incomplete abortion with misoprostol:

  ▶ Experience has shown the safety and efficacy of using misoprostol to treat incomplete abortion in the absence of routine ultrasound.
  ▶ Misoprostol can be offered in PAC facilities and at levels of care that lack ultrasound equipment or where ultrasound is too costly.
- Diagnosis can be based on clinical history and examination.
- A woman can be referred for ultrasound if a provider is uncertain of diagnosis.

- Ask participants what they think the biggest potential problem is in using ultrasound for confirmation of abortion completion.
  - Answer: over-interpretation of images
  - Ultrasound can lead to unnecessary intervention, such as using vacuum aspiration when it is not clinically necessary.
  - The decision to perform vacuum aspiration must be based on clinical signs (such as excessive cramping and/or bleeding) rather than ultrasound findings.
  - Residual intrauterine material is typically a normal finding on ultrasound in the context of uncomplicated incomplete abortion.

- Ask if any participants would like to share an experience where an over-interpretation of ultrasound images has led to unnecessary intervention when in fact the abortion was most likely complete without further intervention.

- Emphasize that ultrasound is NOT necessary for treatment of most cases of incomplete abortion.

F. Hemodynamic Instability, Shock, Severe Infection, Sepsis or Surgical Abdomen

- Inform participants that shock is usually caused by severe blood loss, severe infection (sepsis) or intra-abdominal injury, and may be the end result of spontaneous or induced abortion.
  - Emphasize that it only takes a few minutes for a trained health-care provider to assess a woman for hemodynamic instability, shock, infection and sepsis.

- Show slide 20 (signs and symptoms of shock) and explain that the signs and symptoms include:
  - Current or recent excessive vaginal bleeding
  - Fast pulse with low blood pressure
  - Pale, cool skin but sweating
  - Fast breathing
  - Anxiety, restlessness
  - Unconsciousness, feeling faint, or disoriented
  - Shortness of breath

- Show slide 21 (signs and symptoms of sepsis) and explain that the signs and symptoms include:
  - Fever (38°C or more)
  - Chills, sweats (with or without fever)
  - Feels very ill, close to collapse
  - Fast pulse with low blood pressure
Lower abdominal pain, bloating, nausea, diarrhea

Shortness of breath/ respiratory distress

Symptoms of pelvic infection

- Explain that if the woman is not stable, transfer to higher-level facility for emergency and further supportive care as sepsis may be life-threatening.

Trainers note: for more information on identifying and managing shock, severe vaginal bleeding, sepsis and intra-abdominal injury Refer to Ipas, Women-Centered Postabortion Care Trainer’s Manual.

G. Ectopic pregnancy

- Explain that an ectopic pregnancy is a pregnancy that is growing outside the uterine cavity, usually in the Fallopian tube. Since the Fallopian tube cannot expand as the uterus does, the pregnancy in the Fallopian tube can become so large that the tube ruptures. The internal bleeding caused by rupture of ectopic pregnancy can be life-threatening.

Possible signs of ectopic pregnancy are:

- Severe abdominal pain, especially if pain is one-sided
- Intermittent vaginal bleeding may be present, but bleeding, if rupture is beginning or has occurred, is internal bleeding, not vaginal.
- If ectopic pregnancy has ruptured, possible signs are:
  - Hemodynamic instability and shock
  - Low blood pressure, falling hemoglobin or hematocrit (if facility has equipment to monitor)
  - Fainting
- Facilitate a discussion about how the symptoms of ectopic pregnancy (ie: abdominal pain, and intermittent bleeding) may be similar to those of spontaneous pregnancy loss. However, if a woman has incomplete abortion, the cervical os is typically open, whereas it is typically closed with ectopic pregnancy.
- Emphasize that the likelihood of a woman having a spontaneous pregnancy loss is much greater than that of her having an ectopic pregnancy.
- Point out that careful evaluation and good clinical judgment are essential to identify those women who might have ectopic pregnancies. However, ectopic pregnancies can be difficult to diagnose with clinical assessment alone; further diagnostic work-up is often necessary.
- Tell participants that while misoprostol will neither cause nor treat an ectopic pregnancy, suspected ectopic pregnancy must be evaluated and if confirmed treated immediately. Misoprostol is not indicated in such cases.
  - If you suspect a woman may have an ectopic pregnancy the priority is to refer a woman for a definitive diagnosis.
Case Studies

• Let participants know that in the next activity, you will present a “case” and give them a couple of minutes to think about it. Then you will ask them to vote if you think the woman is eligible for misoprostol or not. (You may also use the street light images in the appendix: green for eligible, yellow for unsure, and red for not eligible). After that, you will ask participants to share what their clinical recommendations are. Use a flipchart to record their responses. If participants have differing ideas, ask them to give reasons for their recommendations. Use the Key Points to summarize each case study.

• Show slide 22 (Case Study 1). Read case study #1 aloud and give 1-2 minutes for participants to think it over.

<table>
<thead>
<tr>
<th>Case Study 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Presenting complaints: painful cramping and intermittent bleeding for 5 days</td>
</tr>
<tr>
<td>▶ Age 38</td>
</tr>
<tr>
<td>▶ 8 weeks since LMP</td>
</tr>
<tr>
<td>▶ Parity = 5</td>
</tr>
<tr>
<td>▶ Appears well</td>
</tr>
<tr>
<td>▶ Previous tubal ligation</td>
</tr>
<tr>
<td>▶ Uterine tenderness upon examination</td>
</tr>
</tbody>
</table>

Key Points for Case Study 1:

▶ Evaluate that she does not have an ectopic pregnancy since risk of ectopic pregnancy is increased if woman becomes pregnant with a history of tubal ligation.

▶ If ectopic pregnancy is ruled out she may be eligible for misoprostol.
Show slide 23 (Case Study 2). Read case study #2 aloud and give 1-2 minutes for participants to think it over.

**Case Study 2:**
- Presenting complaints: chills, nausea, abdominal pain, bleeding for 2 days
- Age 25
- Parity = 5
- 14 weeks since LMP
- Heavy bleeding x 2 weeks
- Anxious, pale, clammy. Nearly faints when she moves from chair to exam table
- VS BP 80/50 HR 116 Temp 39°C
- Uterine size 11 weeks, uterus and cervix tender
- On exam, vaginal vault is full of blood and flow of bright blood seen from open os
- Cervix open

**Key Points for Case Study 2**
- No, not eligible for misoprostol even though uterine size is appropriate for such treatment. This patient is showing signs of complications including shock, infection and severe bleeding. The priority is to stabilize her as much as possible and then do a uterine evacuation with vacuum aspiration. If she cannot be treated at your facility, she should be transported immediately.
- If she can be stabilized at your facility but you cannot provide vacuum aspiration, she should be given an additional dose of misoprostol, antibiotics and IV fluids while her transport to a referral facility is underway.
- Her clinical situation is emergent.
- After treatment she should be monitored for a period of time before being released.
• Show slide 24 (Case Study 3). Read case study #3 aloud and give 1-2 minutes for participants to think it over.

**Case Study 3:**

- Presenting complaints: moderate bleeding for 10 days and pain similar to uterine contractions
- 32 years old
- Parity = 2
- 12 weeks since LMP
- Appears well
- VS BP 120/80 HR 88 Afebrile
- Uterine size 8 weeks, non-tender
- Cervix open and has minimal tenderness with motion and foul-smelling discharge

**Key Points for Case Study 3:**

- Yes, she is eligible for misoprostol. She is showing mild signs of infection, but not severe pelvic infection or sepsis.
- She should be given antibiotics and instructions to return to the clinic if any worsening symptoms.
- A follow-up visit may be recommended for this woman to assess the resolution of the infection.

• Show slide 25 (Case Study 4). Read case study #4 aloud and give 1-2 minutes for participants to think it over.

**Case Study 4:**

- Presenting complaints: severe pain for 2 days and moderate bleeding for 2 weeks
- 38 years old
- Parity = 3
- 10 weeks since LMP
- VS BP 80/40 HR 106 Temp 38°C
- Flushed, anxious; uterine size 14 weeks, firm but somewhat tender
- Open, non-tender os
Key Points for Case Study 4:

- No, she is not eligible for misoprostol. Her uterine size is measuring more than 12 weeks.
- She is showing some signs of possible infection: her uterus is tender and her pain has increased recently. Antibiotics may be recommended.
- Her blood pressure is low and her heart rate is high; these are signs that she may be in early shock.
- A vacuum aspiration is recommended as soon as possible. She has time for transport to another facility if needed. She is stable at this time but her condition could worsen. Her bleeding and vital signs should be monitored closely.

Summary

- Tell learners that they will be playing a game called Fact or Myth to help summarize the information presented in this module. Refer to Fact or Myth and Fact or Myth Answer Key.
- Divide the group in half and ask each group to come up with a team name for themselves.
- Post a sheet of flipchart paper and draw a line down the center. Write Group 1’s name at the top on the left side and Group 2’s name at the top of the right side. Give each team two handouts; one sheet that says FACT and another that says MYTH.
- Explain that you will read aloud a statement and the teams will have 1 minute to discuss and they have to vote amongst themselves to give an answer of FACT or MYTH. When you ask teams to reveal their answers each team should hold up either the FACT or MYTH sheet of paper. Ask each team to discuss why they selected the response they did. Use the Answer Key to make sure participants have responded correctly and add any additional information. Give the team/s with the correct answer with a point. Move on to the next statement and follow the same process.
- After all the statements have been reviewed, hand out an Answer Key to each participant. Tally up the scores for each team.

Optional: You can provide the team with the most correct answers with a prize (a consolation prize for the other team would be nice as well, or in case of a tie).
Unit 3:
Diagnosis of Incomplete Abortion
(Instructions for scenarios and checklist are in Complete Clinical Assessment section).

**Woman 1:** A 21-year-old woman walks into the clinic, gives her name and says she has been having a period that is lasting too long. She takes a seat in the waiting room and after an hour she comes to the examining room. When asked, she reports that she skipped her period last month but says that is sometimes normal for her. This month, she says her period has lasted almost two weeks and the cramping is worse than normal. Her husband asked her to come today to make sure everything was fine. She has two young children at home.

**Woman 2:** A 16-year-old woman walks into the clinic with her mother, who tells the front desk that something is wrong with her daughter, that her period won’t go away. The young woman sits in the waiting room for almost an hour and the front desk person tells you that she noticed that the young woman went to the bathroom every 10 minutes. When asked, the young woman says she has been having “a bad period” for a week, and heavy bleeding for the last 3 days. She can’t remember her preceding period (before the one last week). She says she came in because she knows her period should be over by now and instead it’s getting heavier and the cramping is the worst she has ever had and she has missed the last two days of school.
### For Participants

**Patient History Checklist**

<table>
<thead>
<tr>
<th>Did you as the provider.....?</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the woman for the reason for her visit</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ask about her LMP</td>
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<td></td>
<td></td>
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<tr>
<td>Find out if she has been experiencing vaginal bleeding (how long, severity, patterns)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the woman believe she was or is pregnant?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the woman believes she was pregnant, did she pass clots, tissue or bleed like a heavy period?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Depending on setting): Did the woman have an abortion procedure, use medicines or insert objects into her vagina/uterus to end a pregnancy?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fact or Myth

<table>
<thead>
<tr>
<th>Statement</th>
<th>FACT</th>
<th>MYTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The majority of women seeking PAC treatment have severe vaginal bleeding</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>2. If a woman has taken misoprostol, she will need specialized care</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>3. Ultrasound is typically unnecessary for diagnosis and treatment of incomplete abortion</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>4. When treating incomplete abortion antibiotics should always be given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Fibroids can make a uterus feel larger than expected by LMP</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>6. Eligibility for misoprostol is determined by the size of the uterus and the woman’s clinical condition</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>7. Women with incomplete abortions who are nursing infants should not be given misoprostol treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. With incomplete abortion the uterus is always larger than expected by LMP</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>9. Symptoms of ectopic pregnancy can be similar to those of incomplete abortion</td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

Fact or Myth Answer Key

1. The majority of women seeking PAC treatment have severe vaginal bleeding. **MYTH.**
   Most women have light to moderate bleeding.

2. If a woman has taken misoprostol, she will need specialized care. **MYTH.**
   Women can take misoprostol safely at home and the majority do not need a follow-up care appointment.

3. Ultrasound is typically unnecessary for diagnosis and treatment of incomplete abortion. **FACT.**
   Diagnosis can be based on clinical history and examination. In fact, over-interpretation of ultrasound findings can lead to unnecessary intervention such as vacuum aspiration.

4. When treating incomplete abortion antibiotics should always be given. **MYTH.**
   Explain that antibiotics should be given as per standard of care in each setting. It is not recommended or necessary to give antibiotics routinely to all women receiving misoprostol treatment. A course of antibiotics can be started for a woman with suspected infection.

5. Fibroids can make a uterus feel larger than expected by LMP. **FACT.**
   Fibroids as well as retroversion of the uterus, obesity, pain, or a full bladder can make assessment of the uterine size more difficult and/or less accurate. Also, the uterus can be smaller than expected by LMP if some or most POCs have already been expelled.
6. Eligibility for misoprostol is determined by the size of the uterus and the woman’s clinical condition. **FACT.**

A woman’s uterine size should be less than or equal to 12 weeks and her clinical condition should be stable with no signs of shock, infection, intra-abdominal injury or severe vaginal bleeding. She may have mild to moderate vaginal bleeding and some cramping that is not severe. Her internal os should be open and ectopic pregnancy should be ruled out. If she has an IUD, it should be removed before misoprostol administration.

7. Women with incomplete abortions who are nursing infants should not be given misoprostol treatment. **MYTH.**

There are no known long-term adverse effects on infants who are exposed to misoprostol in breast milk. Therefore, it is safe for nursing women with incomplete abortions to use misoprostol.

8. With incomplete abortion the uterus is always larger than expected by LMP. **MYTH.**

With incomplete abortion the uterus can be smaller, larger, or the same size as expected by the woman’s report of her LMP.

9. Symptoms of ectopic pregnancy can be similar to those of incomplete abortion. **FACT.**

Yes, symptoms such as pelvic pain and intermittent bleeding can present similarly in both ectopic pregnancy and incomplete abortion. Other symptoms which may raise suspicion of ectopic pregnancy but are not conclusive include one-sided cramps and/or unilateral tenderness or fullness to palpation on bimanual exam. If ectopic pregnancy is suspected, refer to a higher level for diagnostic confirmation or rule-out. Prompt diagnosis/treatment of ectopic pregnancy can be life-saving.
GREEN
RED
YELLOW
Unit 4:

Treatment of Incomplete Abortion Using Misoprostol
Unit 4: Treatment of Incomplete Abortion Using Misoprostol

Time
1 - 2 hours

Unit Objectives
By the end of this unit, participants should be able to:
• Discuss misoprostol regimens including dose, timing, and route of administration for treatment of incomplete abortion.
• Describe management of side effects and possible complications.

Advance Preparation
- Prepare flipcharts with Unit 4 Objectives.
- Prepare two flipcharts according to the images below:

<table>
<thead>
<tr>
<th>HOME</th>
<th>CLINIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages</td>
<td>Disadvantages</td>
</tr>
<tr>
<td>Advantages</td>
<td>Disadvantages</td>
</tr>
</tbody>
</table>

- Prepare a flipchart listing the Clinical Care Steps (see appendix).
- Using the sheet provided in the appendix, copy and cut Clinical Care Steps into strips.
- Prepare three or four envelopes (depending on the number of small groups in the activity) with Clinical Care Steps strips inside.
- Purchase a small prize for winning group (optional).
- Using the sheet provided in the appendix, copy and cut the Side Effects/Complications into strips and place them in a basket or bowl.
- Make/copy and post signs for Side Effects/Complications Continuum Activity.
A. **Recommended Dosing Regimens: Treatment of incomplete abortion less than or equal to 12 weeks LMP (5 minutes)**

- Introduce the module and review the unit objectives.
- Show slide 1 (Treatment of Incomplete Abortion Using Misoprostol) and slide 2 (Objectives).
- Inform participants that there are two evidence-based routes of administration: oral and sublingual.
- Show slide 3 (Recommended Regimens) and review the following points:
  - Both a single 600 mcg oral dose and a single 400 mcg sublingual dose of misoprostol have high efficacy rates with acceptable side effect profiles. These two regimens work equally well.
  - Misoprostol for incomplete abortion has been administered vaginally, orally, and sublingually. The evidence supports oral and sublingual administration, which the WHO included on their Model List of Essential Medicines.
  - The 400 mcg dose may be advantageous in settings where the cost of misoprostol is high.
• Show slide 4 (Dosing and Timing) and review the following points:
  ▶ It is not necessary to provide a repeat dose of misoprostol within short intervals as this
does not seem to improve efficacy rates.
  ▶ Success is independent of gestational age at the time of miscarriage/abortion.

• Show slide 5 (Timing and Location)
  ▶ The following should be taken into consideration:
    √ Clinic hours
    √ Women’s preferences

• Show slide 6 (Regimen Choice Considerations) and review the following point:
  ▶ A lower dose (400 mcg vs. 600 mcg) may be advantageous in settings where the cost
  of misoprostol is high.

B. Clinical Care Steps (10 minutes)

• Show slide 7 (Clinical Care Steps). Discuss the clinical care steps of treating first-trimester
incomplete abortion with misoprostol:
  ▶ Regimen
  ▶ Location where pills are taken
  ▶ Timing for misoprostol to work
  ▶ Role of antibiotics

Regimen
• Discuss the specifics of administering misoprostol to treat incomplete abortion.

• Show slide 8 (Regimen: Oral Route) and review the following point:
  ▶ If taken orally, three 200 mcg pills should be swallowed together with water.

• Show slide 9 (Regimen: Sublingual Route) and review the following point:
  ▶ If taken sublingually, the woman holds two pills under her tongue until they dissolve.
    Any remaining pill fragments can be swallowed with water if they have not dissolved
    within 30 minutes.

Location Where Pills Are Taken
• Post pre-prepared flipcharts Home and Clinic.

• Ask participants to brainstorm the advantages and disadvantages of taking misoprostol at home
and taking misoprostol at the clinic. List participant responses in the appropriate columns.

• Show slide 10 (Location Where Pills Are Taken).
• Tell participants that depending on the health-care system and provider and patient preference, the woman can take misoprostol either at the clinic or at home.

• Point out that there is no medical reason to observe women in the clinic following misoprostol administration.

**Timing for Misoprostol to Work**

• Ask participants how long they think it takes for misoprostol to treat incomplete abortion. Optional: Post a flipchart with "Timing" written at the top and record participants’ answers. Circle all the various answers between a few hours and two weeks that are correct. The flipchart should visually illustrate how the response to misoprostol can differ in duration depending on the patient.

• Show slide 11 (Timing for Misoprostol to Work) and review the following points:
  • Explain that it is important to counsel the woman that this process may take time.
  • Point out that total efficacy rates increase when the follow-up assessment is done one week after taking misoprostol.

**Role of Antibiotics**

• Ask participants if they think antibiotics should be given routinely to all women receiving misoprostol treatment for incomplete abortion. Discuss the reasons why, or why not.

• Show slide 12 (Role of Antibiotics) and review the following points:
  • Explain that it is not recommended or necessary to give antibiotics routinely to all women receiving misoprostol treatment.
  • If a reproductive tract infection is suspected (through history, a physical examination, or testing), antibiotics should be administered using local protocols.

**C. Understanding Dosing, Regimens, and Timing: Clinical Care Steps (10 minutes)**

**Clinical Care Steps Race**

**Materials:**

• Trainer Handout: Clinical Care Steps Strips (three or four copies)

• Three or four envelopes with Clinical Care Steps strips inside, one envelope for each group

• Prize (optional)

• Tell participants this activity will serve to review the clinical care steps provided to women prior to beginning the misoprostol regimen. This review will be done as a race among teams.

• Divide participants into three (or four) teams and give each team a sealed envelope containing the Clinical Care Step Strips.

• Explain that in the envelope are strips of paper listing the steps a provider should take before giving a woman misoprostol to treat incomplete abortion in the first trimester.
• Each team should order the steps correctly and tape them on a whiteboard, flipchart or regular paper. Note which team finishes first, second and third in posting their steps.

• The first group to finish presents the order of their steps. If correct, that team wins the race. If incorrect, the second team to finish ordering presents their steps, and so on.

• Give a small prize to the winning team (optional).

• Reiterate the key steps in the correct order. Post and review the pre-prepared flipchart Clinical Care Steps.
  ▶ Conduct clinical assessment (exam, dating, and eligibility).
  ▶ Conduct uterine evacuation options counseling.
  ▶ Explain treatment process/what to expect.
  ▶ Obtain informed consent.
  ▶ Review side effects and signs of complications with the woman.
  ▶ Provide treatment.
  ▶ Provide postabortion family planning counseling.
  ▶ Schedule follow-up appointment, if applicable.

D. Expected Effects and Side Effects (20 minutes)

Expected Effects and Side Effects

• Show slide 13 (Expected Effects and Side Effects) and review the following points:
  ▶ There are some expected effects and potential side effects associated with misoprostol treatment of incomplete abortion. They are well-studied and generally easy to manage.
  ▶ Every woman who plans to take misoprostol should be informed about these effects and how to handle them. Taking the time to explain them fully before administering the pills can prevent unnecessary emotional stress and calls or visits to the clinic later.

• Ask participants to think about situations from their own practice where a woman or family member/friend called or returned to the clinic panicked because she was not counseled adequately about expected effects and side effects. Invite one or two volunteers to share examples.

• Ask participants to brainstorm any side effects with misoprostol that they know. Record their responses on a flipchart and circle the ones that will be discussed in this training.

• Explain that prolonged or severe side effects after misoprostol are very rare.

• Explain that bleeding and cramping are expected effects.

• Explain that women have a range of experiences with bleeding and pain/cramping after taking misoprostol. Some women have described it as feeling similar or more intense than a normal menstrual period.
Vaginal Bleeding

- Remind participants that vaginal bleeding after taking misoprostol is normal, expected and a necessary part of the uterine evacuation process.

  - Show slide 14 (Expected Effect: Bleeding) and review the following points:
    - Bleeding usually begins on the first day, generally within an hour of taking misoprostol.
    - Bleeding normally can continue up to two weeks (usually five to eight days).
    - Spotting can continue up until the next menstruation.
    - Bleeding may be accompanied by the passage of clots.

  - Show slide 15 (Managing Bleeding). Explain that bleeding management depends on the severity of the bleeding, the timing and duration, and other physical symptoms. Prior to giving a woman misoprostol pills, she should be counseled to notify her health-care provider if any of the following situations occur:
    - If she soaks more than two extra-large sanitary pads (or equivalent) per hour for more than two consecutive hours.
    - If she has bled continuously for several weeks and she begins to feel dizzy or lightheaded.

Cramping

- Explain that cramping is also an expected effect after taking misoprostol.

  - Show slide 16 (Expected Effect: Cramping, Pain) and review the following points:
    - Cramping can begin within 30 minutes after taking misoprostol and usually starts within the first few hours.
    - Pain levels vary greatly among women.
    - Pain may be stronger than what is experienced during a regular menstrual period.

  - Ask participants what they would recommend to women with cramping. Write responses on a flipchart. Be sure to include:
    - Heat to the abdomen or lower back (hot-water bottle or warm cloths)
    - Hot bath or shower
    - Pain medications
    - Sitting or lying comfortably

  - Explain that non-steroidal anti-inflammatory drugs (NSAIDs) or other analgesia can be used for pain relief.

  - Show slide 17 (Managing Cramping, Pain) and review the following point:
    - NSAIDs may be taken simultaneously with misoprostol or when the woman feels she needs pain relief for cramping.
• Inform participants that the potential side effects of misoprostol include the following:

**Chills/Fever**

- Show slide 18 (Potential Side Effect: Fever, Chills) and review the following points:
  - Chills are a common side effect of misoprostol but are short-lived.
  - Fever does not necessarily indicate infection.

- Show slide 19 (Managing Fever, Chills) and review the following points:
  - It is helpful to give verbal reassurance and counsel the woman before she takes misoprostol that fever and chills are common side effects.
  - An antipyretic can be used to relieve fever, if needed.
  - If fever or chills persist beyond 24 hours after taking misoprostol, the woman may have an infection and should seek medical attention.

**Nausea/Vomiting**

- Show slide 20 (Potential Side Effect: Nausea/Vomiting). Explain that some women experience nausea and/or vomiting after taking misoprostol.

- Show slide 21 (Managing Nausea/Vomiting) and review the following points:
  - Reassure women that it will resolve two to six hours after taking the pills.
  - Typically, reassuring the woman that it will pass in a few hours is enough. If the symptoms are severe or last longer than six hours, an anti-emetic can be used.

*Trainer’s Note: While there is no strong evidence, the following is based on expert opinion and pharmacokinetics: If a woman vomits within 15 minutes of taking misoprostol sublingually, the dose could be re-administered. If she vomits within 30 minutes of taking misoprostol orally, the dose should be re-administered.*

**Diarrhea**

- Show slide 22 (Potential Side Effect: Diarrhea). Explain that some women experience diarrhea after taking misoprostol.

- Show slide 23 (Managing Diarrhea) and review the following points:
  - Reassure women that it will resolve within a day after taking the pills.
  - Typically, reassuring the woman that it will pass within a day is enough.

**E. Side Effects Case Studies: (20 minutes)**

- Tell participants that the group will discuss two case studies on the expected effects and potential side effects of misoprostol.
• Show and review slide 24 (Case Study 1) with participants:

**Case Study 1:**

A 25 year-old-woman was treated with misoprostol for incomplete abortion in your clinic earlier today. Your clinical assessment revealed a uterine size of approximately nine weeks gestation and an open cervix with moderate bleeding and some pregnancy tissue stuck in the os. You removed the tissue from the os and gave the woman misoprostol 600 mcg that she swallowed in the clinic before going home. Four hours after taking misoprostol, the woman calls concerned about slight nausea and vomiting.

• Ask participants to take a few minutes and discuss with the others at their table how to proceed in this case, then facilitate a large group discussion.

• Ensure the following point is covered during discussion:
  ▶ Nausea is a common side effect and it should pass within the next couple of hours. Reassure the woman that the medicine is still working in her body and that she has not eliminated it by vomiting. *(See Trainer’s Note under Expected effects and potential side effects: Nausea/Vomiting).*

• Show and review slide 25 (Case Study 1 cont’d):

**Case Study 1 (cont’d):**

Five days later, she calls again reporting heavy bleeding that occurred on the day she took the misoprostol and ongoing regular to light bleeding since. Her follow-up visit is scheduled in two days.

• Ask participants to take a few minutes and discuss with the others at their table how to proceed in this case, then facilitate a large group discussion.

• Ensure the following point is covered during discussion:
  ▶ Point out that bleeding up to two weeks is normal. Reassure the woman that her bleeding is well within the normal range and that some light bleeding or spotting might continue for another nine days or so.
Show and review slide 26 (Case Study 2):

**Case Study 2:**

An 18-year-old woman who thinks she is pregnant comes to your clinic for mild vaginal bleeding. Upon examination, her uterine size was equivalent to 11 weeks LMP with an open os. After discussing her options, she chooses to take misoprostol at home to evacuate her uterus. Three days later, she calls to report heavy period-like bleeding since taking the pills and has changed sanitary pads four times today.

Ask participants to take a few minutes and discuss with the others at their table how to proceed in this case, then facilitate a large group discussion.

Ensure the following points are covered during discussion:

- The provider should ask the woman for more information about:
  - Size/thickness of the sanitary pads (or local equivalent)
  - Length of time between changing pads
  - More information about heaviness of bleeding (soaking thick pads compared to moderate bleeding)
  - Point out that period-like bleeding is considered moderate bleeding and changing regular-sized pads (not soaking them) over many hours is within the normal range.

**F. Possible Complications: (15 minutes)**

- Emphasize that complications from misoprostol are extremely rare and many women may not even need to return for follow-up.
  - Women should be made aware of possible complications and told to seek further care in the event they occur.
  - Women who experience complications need clear, honest explanations of the situation and should be included in decision making about their treatment options. Fear about complications, perhaps compounded by pain, can add to the emotional stress a woman is experiencing.
  - Women should be encouraged to ask questions.

Show slide 27 (Possible Complications). Inform participants that complications can include symptomatic retained tissue in the uterus, very heavy bleeding and infection.
Remind participants that complications might result for different reasons (i.e. unsafe abortion) and may not be due to misoprostol. Be sure to cover the following points:

- During the initial clinical assessment, careful determination for eligibility to treat incomplete abortion with misoprostol is very important.
- Eligible women have an open cervical os, light to moderate vaginal bleeding, and a uterine size of less than or equal to 12 weeks LMP.
- Women who are NOT eligible may have a known allergy to misoprostol or other prostaglandin, suspected ectopic pregnancy, signs of pelvic infection and/or sepsis, or hemodynamic instability or shock.
- Women who have interfered with their pregnancy can be treated successfully using misoprostol for incomplete abortion; however they may be at greater risk for infection or sepsis.

**Symptomatic Retained Tissue in the Uterus**

- Show slide 28 (Possible Complications: Symptomatic Retained Tissue in the Uterus). Explain that symptomatic retained intrauterine tissue (signs of infection and/or persistent cramping and/or heavier than expected bleeding) are a possible complication for women.
- Show slide 29 (Managing Complications: Symptomatic Retained Tissue in the Uterus).
  - Explain that if the woman is showing signs of infection, persistent cramping or severe bleeding, she should be referred or undergo vacuum aspiration when possible.
  - Explain that if the woman has mild symptoms (cramping and/or bleeding somewhat heavier than expected), the following options may be offered:
    - She can be offered another dose of misoprostol which may be effective in helping the uterus expel residual tissue.
    - She can be offered (or referred for) immediate completion through vacuum aspiration.
    - She can be offered the option to wait and return for a follow-up visit in one week.

- Explain that after any kind of abortion (spontaneous, vacuum aspiration, medical abortion, etc.) it is common to see residual intrauterine material if an ultrasound is performed. The evidence is clear that as long as the woman is asymptomatic—is not experiencing signs of infection, persistent cramping or heavy bleeding—the retained contents do not require treatment and the uterus will reabsorb or expel this retained tissue over time.

**Very Heavy Bleeding**

- Show slide 30 (Possible Complications: Very Heavy Bleeding). Explain that heavy and/or prolonged bleeding that causes a significant change in hemoglobin is uncommon, but does happen in some women.
  - Ask participants what they would do if a woman had profuse or prolonged vaginal bleeding after misoprostol administration.
• Show slide 31 (Managing Complications: Very Heavy Bleeding) and review the following points:
  ▶ Evacuate the uterus completely through vacuum aspiration.
  ▶ Administer intravenous fluids if there is evidence of hemodynamic compromise.
  ▶ Provide blood transfusion only when clearly medically indicated.
  ▶ If this is not possible, the woman should be referred to another care setting capable of managing severe bleeding.

Infection
• Ask participants to brainstorm the Signs and Symptoms of Infection or Sepsis. Ensure the following are included:
  ▶ Fever, chills
  ▶ Foul-smelling vaginal discharge
  ▶ Abdominal pain
  ▶ Flu-like symptoms

• Show slide 32 (Possible Complications: Infection). Explain that documented endometrial and/or pelvic infection is rare. If a woman or a family member/friend reports any signs of infection, she should have a clinical exam.

• Ask participants what they would do if infection is suspected.

• Show slide 33 (Managing Complications: Infection) and review the following points:
  ▶ If there are signs of sepsis or severe infection, women should be given immediate vacuum aspiration and antibiotic coverage. If this is not possible, the woman should be referred to another care setting capable of managing severe infection.
  ▶ Severe infections could require hospitalization and parenteral antibiotics.

G. Referral System (5 minutes)
• Explain that an effective referral system should be established for complications that cannot be managed locally or for other reproductive health needs that are not available on site.

• Ask participants to have a two minute discussion with the person next to them about how referrals work within their health-care facility in terms of managing complications.

• Show slide 34 (Referral) and review the following points:
  ▶ A written referral plan must be carefully constructed.
  ▶ The plan safely and smoothly navigates the woman through the appropriate levels of care.
  ▶ It includes primary level facilities up to the highest-level site that can treat women appropriately.
H. When to Seek Assistance (5 minutes)

- Ask participants to list the key warning signs of complications. Record correct responses on a flipchart.
- Show slide 35 (When to Seek Assistance) and explain that women should be counseled to seek immediate medical attention if they have any of the following:
  - Fever that presents 24 hours after treatment
  - Severe abdominal pain that is not relieved after taking analgesics
  - Severe vaginal bleeding:
    - If bleeding soaks more than two extra-large sanitary pads or local equivalent per hour for more than two consecutive hours.
    - If bleeding has continued for several weeks and the woman feels lightheaded or dizzy.
- Show slide 36-38 (Summary slides)

I. Side Effects/Complications Continuum Activity (10 minutes)

- Explain that in this activity, participants will practice determining the best recommendation for a woman based upon her complaints, concerns and symptoms.
- Draw or post the pictures on “Trainer Handout: Side Effects/Complications Continuum Signs” in a “continuum” at the front of the room.
- Copy the Side Effects/Complications Continuum Strips handout and cut it into separate strips for each side effect situation. Place strips in a basket, bowl or envelope.
- Divide participants into pairs or triads and have them pick a side effect/complication strip out of the basket/bowl/envelope. Ask them to discuss the side effect or complication listed on the strip and come to a consensus if her symptoms are normal, if she should call or visit the clinic or seek care immediately and why. Ask for each group to nominate a volunteer to stand under the appropriate sign based on their recommendation.
- Ask all the nominated volunteers to take turns reading their effect/complication strip aloud and explain their group’s rationale. Ask the rest of the group if they agree with the recommendation or if they have any comments to add.
- Use the answer key in the appendix to add additional points or comments.
J. Complications Case Studies (30 minutes)

- Tell participants that they will use case studies to think through various clinical complications for treating incomplete abortion with misoprostol. Emphasize again that complications are rare.
  - Divide participants into small groups and distribute the case studies.
  - Assign each group one case study to review and discuss.
  - Instruct each group to select a note-taker and someone who will report to the larger group. Provide each group a sheet of flipchart paper and some markers.
  - Allow the groups five minutes to discuss the case study.
  - Reconvene the larger group. Ask each reporter to briefly review their case study and the conclusions his/her group reached. (Three to five minutes per group depending on the number of groups and the time available).
  - Take questions and comments from the full group after each case.
  - Address any missing points, using the answer key.
Unit 4:

Treatment of Incomplete Abortion Using Misoprostol
**For Trainers**

**Clinical Care Steps Strips**

*Instructions:* Make three sets of copies of these sheets. Cut each set into strips, mix it up and put it in a sealed envelope. You will have three envelopes, with one set of Clinical Care Steps strips in each.

- Conduct clinical assessment (exam, dating, eligibility)
- Provide options counseling
- Obtain informed consent
- Review side effects and signs of complications
- Provide treatment
- Provide family planning counseling
- Schedule a follow-up visit (if applicable)
Draw or post the pictures below in a “continuum” at the front of the room.

*Trainer’s Note: Images can be adapted to fit local context.*
Normal
Call provider
Seek care immediately
Trainer Instructions: Copy this sheet and cut it into separate strips for each side effect situation. Place strips in a basket, bowl or envelope.

- Cramping and vaginal bleeding like a heavy menstrual period, but less than two pads (or local equivalent) per hour
- Vomiting and diarrhea 24 hours after taking misoprostol
- Woman worries after taking misoprostol and thinks she should go to the emergency room
- Fever and chills the day misoprostol is taken
- One week after taking misoprostol, woman soaks through two extra-large pads (or local equivalent) per hour for more than two consecutive hours
- Cramping that has improved a little with over-the-counter analgesic, but woman wants something more for pain
Severe nausea and vomiting 24 hours after taking misoprostol

Weakness and feeling very sick, unable to easily get out of bed

Sudden feeling of faintness or already fainted

Foul-smelling vaginal odor and discharge with a fever or accompanied by severe abdominal pain

Bleeding in small amounts for three weeks after the misoprostol
For Trainers
Side Effects Continuum Answer Key

Common Side Effects:

• Cramping and vaginal bleeding saturating menstrual pads or equivalent (but less than two extra-large pads or equivalent per hour for two consecutive hours) – this is an expected effect, not a side effect
• Fever and chills the day misoprostol is taken
• Passing of heavy blood clots from vagina within four hours of taking misoprostol
• Bleeding in small amounts for two weeks after misoprostol

Call provider:

• Woman worries after taking misoprostol and thinks she should go to the emergency room.
• Cramping that has improved a little with an analgesic, but woman wants something more for pain.

Call Clinic or seek care immediately :

(Trainer’s Note: These signs could fall under either category and still be correct).

• Vomiting and diarrhea 24 hours after taking misoprostol
• Severe nausea and vomiting 24 hours after taking misoprostol

Seek care immediately :

• One week after taking misoprostol, woman soaks through more two extra-large pads or equivalent for more than two consecutive hours.
• Weakness and feeling very sick, unable to easily get out of bed
• Sudden feeling of faintness or already fainted
• Foul-smelling vaginal odor and discharge with a fever or accompanied by severe abdominal pain
• Severe abdominal pain/ cramping
Case Study 1
A 19-year-old woman who was approximately seven weeks pregnant, tried to terminate the pregnancy on her own. She comes to the clinic for help because she had mild but consistent bleeding and she suspected that she never fully expelled the pregnancy. She was eligible for misoprostol to treat incomplete abortion. She contacts the clinic 12 days after taking the pills because she continues to have vaginal bleeding. She had heavy cramping and bleeding the day she took misoprostol and diminished bleeding with some spotting thereafter, but is worried because she is now using three pads every day. Her bleeding alternates between a light to moderate period, but the pads are not saturated. The bleeding is gradually growing lighter over time. She is not feeling lightheaded or dizzy.

Question: What is the likely diagnosis and what advice do you give her?

Case Study 2
A young woman calls you at midnight, two hours after taking misoprostol for a spontaneous abortion at eight weeks LMP and she is alarmed. She is bleeding like a heavy period, soaking one pad per hour, but what is upsetting her is that she is passing clots the size of lemons (or clots the size of a small person’s fist). She has intense cramps right before she passes a clot, and then once the clot passes, the cramps decrease. She has never seen clots this big and is worried she needs emergency help.

Question: What is the likely diagnosis and what advice do you give her?

Case Study 3
A 20-year-old woman was nine weeks LMP at the time she received misoprostol for an incomplete abortion. Her bleeding was heavier than a period for three days, and she noticed some clots in the first four hours after taking misoprostol. She had cramps which she described as severe, but they were helped with ibuprofen. She is in the clinic for follow-up two weeks after taking her misoprostol. You perform a pelvic examination and her uterus is non-tender and is non-pregnant size. However, her pregnancy test is still positive.

Question: What is the likely diagnosis and what advice do you give her?
### Case Study 4
The sister of a 22-year-old woman contacts the clinic because her sister has soaked seven pads in the last three hours after taking misoprostol at approximately eight weeks of pregnancy. She says her sister is very weak, cannot stand without becoming dizzy, and is worried.

**Question:** What is the likely diagnosis and what advice do you give to the woman about her sister?

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### Case Study 5
A 28-year-old woman reports abdominal tenderness four days after taking misoprostol. She first noticed it when her small son was sitting on her lap. She is concerned because the pain is now severe. She has a fever and feels generally unwell. She had a mild fever and chills after taking the misoprostol, but thought this was a side effect of the medicine.

**Question:** What is the likely diagnosis and what advice do you give her?

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### Case Study 6
A 17-year-old woman was eight weeks LMP at the time she received misoprostol for an incomplete abortion that she tried to induce with herbs and medicines. She is returning for her follow-up visit two weeks later. She had very heavy bleeding the day she used misoprostol, but the bleeding steadily declined after that. She resumed her normal activities the day after using misoprostol. She feels that she is no longer pregnant but complains of intermittent cramping. When you perform a pelvic examination, the uterus is non-pregnant size and non-tender. Her bleeding is like a light menstrual period. You look at her cervix and see that her os is open and there appears to be a rubbery clot or piece of tissue in the os.

**Question:** What is the likely diagnosis and what advice do you give her?
Case Study 7
A 21-year-old woman with three small children took misoprostol at about seven weeks LMP for a spontaneous abortion (miscarriage). By pelvic examination, her uterine size was about eight weeks. Her husband calls you three hours after she took misoprostol, very upset that she is bleeding so heavily. He knew she was expelling the contents of the uterus with pills but he is frightened that this is dangerous for her. You ask to speak to the woman. She tells you that she is bleeding like a very heavy period. She soaked two pads for an hour and is now saturating one pad per hour. She noticed large clots and had intense cramps for about an hour. Then she took ibuprofen, which helped. She feels she expelled the pregnancy and now her bleeding and cramping are diminishing. Her husband’s anxiety is worrying her, but she herself does not think what is happening is different from the experience she was told to expect.

Question: What is the likely diagnosis and what advice do you give her?
The majority of women who treat first-trimester incomplete abortion with misoprostol do not have any problems or complications. Problems following misoprostol treatment, if they occur, can range from minor to true emergencies. Major complications are rare, but can sometimes be avoided by intervening at the right time with the proper treatment.

Case Study 1

A 19-year-old woman who was approximately seven weeks pregnant, tried to terminate the pregnancy on her own. She comes to the clinic for help because she had mild but consistent bleeding and she suspected that she never fully expelled the pregnancy. She was eligible for misoprostol to treat incomplete abortion. She contacts the clinic 12 days after taking the pills because she continues to have vaginal bleeding. She had heavy cramping and bleeding the day she took misoprostol and diminished bleeding with some spotting thereafter, but is worried because she is now using three pads every day. Her bleeding alternates between a light to moderate period, but the pads are not saturated. The bleeding is gradually growing lighter over time. She is not feeling lightheaded or dizzy.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Prolonged Bleeding

Discussion: Many clinicians (and sometimes the women themselves) are concerned about prolonged bleeding, especially if it was not anticipated. Bleeding time is variable with misoprostol for first-trimester incomplete abortion, but can continue for as long as 14 days. This woman needs reassurance that she is having variable bleeding that is a normal part of her treatment. She has no signs of hypovolemia. As long as the general pattern of bleeding is that it is diminishing over time, this is normal.

The woman should be informed of three choices to manage problematic prolonged bleeding:

1. Wait and watch (reassurance).
2. A second dose of misoprostol to assist with uterine contractility and expel residual tissue (if any). Although a second dose of misoprostol is widely used for this purpose, its efficacy has not been specifically studied. If she is given a second dose of misoprostol for prolonged bleeding, she should be contacted or assessed again about a week later to determine if bleeding has diminished.
3. Vacuum aspiration

Encourage iron-rich foods and provide iron tablets if available.
Case Study 2
A young woman calls you at midnight, two hours after taking misoprostol for a miscarriage at eight weeks LMP and she is alarmed. She is bleeding like a heavy period, soaking one pad per hour, but what is upsetting her is that she is passing clots the size of lemons (or clots the size of a small person’s fist). She has intense cramps right before she passes a clot, and then once the clot passes, the cramps decrease. She has never seen clots this big and is worried she needs emergency help.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Normal uterine evacuation process

Discussion: Comprehensive information prior to the misoprostol administration could have helped this woman avoid unnecessary anxiety and an after-hours phone call. Her bleeding (heavier than a period, soaking one pad per hour) is normal after taking misoprostol and it is common to see large blood clots. Reassure her that the medicine is working and that she is almost certainly in the process of evacuating her uterus, and that what she is experiencing is normal. Remind her of the warning signs that should prompt her to call you. If you’re willing, tell her to call you in two hours to report how she is doing. In most cases, having a reassuring, experienced person available is all that is needed. Ibuprofen may provide some pain relief so remind her to take it as directed.

Case Study 3
A 20-year-old woman was nine weeks LMP at the time she received misoprostol for an incomplete abortion. Her bleeding was heavier than a period for three days, and she noticed some clots in the first four hours after taking misoprostol. She had cramps which she described as severe, but they were helped with ibuprofen. She is in the clinic for follow-up two weeks following treatment. You perform a pelvic examination and her uterus is non-tender and is non-pregnant size. However, her pregnancy test is still positive.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Successful complete abortion

Discussion: A positive pregnancy test does not provide useful information two weeks after taking misoprostol. Her urine hCG (pregnancy hormones) would have dropped sharply after a successful abortion, but they are at their peak level around eight to nine weeks (Callen 2000). Even if the uterine evacuation was successful (as all clinical findings indicate in this case), her pregnancy test would very likely still be positive. In other words, a negative pregnancy test would be reassuring but a positive test does not mean much (Perriera 2009). Pregnancy tests after misoprostol generally add confusion, not clarification at the follow-up. This woman’s incomplete abortion was successfully treated with misoprostol and no further follow-up is required.
Case Study 4

The sister of a 22-year-old woman contacts the clinic because her sister has soaked seven pads in the last three hours after taking misoprostol at approximately eight weeks of pregnancy. She says her sister is very weak, cannot stand without becoming dizzy, and is worried.

Question: What is the likely diagnosis and what advice do you give to the woman about her sister?

Diagnosis: Hemorrhage

Discussion: The woman is experiencing excessive blood loss or hemorrhage, and requires medical attention immediately. The dizziness and consistent bleeding of more than two pads per hour over a few hours is concerning. Her sister should take her to a facility that offers vacuum aspiration; she may also need rehydration or a blood transfusion depending on her status and the site’s capability to administer blood transfusion.

Case Study 5

A 28-year-old woman reports abdominal tenderness four days after taking misoprostol for an incomplete self-induced abortion. She first noticed it when her small son was sitting on her lap. She is concerned because the pain is now severe. She has a fever and feels generally unwell. She had a mild fever and chills after taking the misoprostol, but thought this was a side effect of the medicine.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Infection

Discussion: These symptoms are consistent with a uterine infection or endometritis. The abdominal tenderness and persistent fever is not a typical side effect of the misoprostol. Transient fever caused by misoprostol should not last past the day the woman takes misoprostol. She should be evaluated by a clinician and given antibiotics for the infection.
Case Study 6

A 17-year-old woman was eight weeks LMP at the time she received misoprostol for an incomplete abortion that she tried to induce with herbs and medicines. She is returning for her follow-up visit two weeks later. She had very heavy bleeding the day she used misoprostol, but the bleeding steadily declined after that. She resumed her normal activities the day after using misoprostol. She feels that she is no longer pregnant but complains of intermittent cramping. When you perform a pelvic examination, the uterus is non-pregnant size and non-tender. Her bleeding is like a light menstrual period. You look at her cervix and see that her os is open and there appears to be a rubbery clot or piece of tissue in the os.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Tissue trapped in the cervical os

Discussion: Occasionally a large clot or rubbery tissue can get trapped in the cervical os. This can be painful, sometimes very painful, and can result in persistent cramping. By the two-week follow-up visit, women are normally not experiencing cramping. The quickest and simplest treatment is to see if you can draw the tissue out of the cervix using ring forceps or similar grasping instrument. If the tissue breaks up and cannot be pulled out, vigorous uterine massage may help dispel the clot. If uterine massage does not dispel the tissue lodged in the cervix, the woman can be managed either by: 1) giving a repeat dose of misoprostol to soften the cervix and cause uterine contractions to dispel the clot or: 2) vacuum aspiration. Either treatment is acceptable. Ask the woman which treatment she prefers. If you give her a repeat dose of misoprostol, as long as the cramping subsides within a day of the misoprostol and she feels fine, it is not necessary to schedule another follow-up visit.
Case Study 7

A 21-year-old woman with three small children took misoprostol at about seven weeks LMP for a spontaneous abortion (miscarriage). By pelvic examination, her uterine size was about eight weeks. Her husband calls you three hours after she took misoprostol, very upset that she is bleeding so heavily. He knew she was expelling the contents of the uterus with pills but he is frightened that this is dangerous for her. You ask to speak to the woman. She tells you that she is bleeding like a very heavy period. She soaked two pads for an hour and is now saturating one pad per hour. She noticed large clots and had intense cramps for about an hour. Then she took ibuprofen, which helped. She feels she expelled the pregnancy and now her bleeding and cramping are diminishing. Her husband’s anxiety is worrying her, but she herself does not think what is happening is different from the experience she was told to expect.

Question: What is the likely diagnosis and what advice do you give her?

Diagnosis: Normal complete uterine evacuation process, spousal anxiety

Discussion: The woman is having a normal response to misoprostol as a treatment for incomplete abortion. Her husband is anxious for her. This is common, especially if the husband (or friend, mother, or other support person) was not present in the clinic to hear information about the range of experience with misoprostol. Reassure the woman and ask her if she wants you to speak to her husband. If she gives you permission to speak to her husband, talk to him, explaining the normal process of misoprostol and the warning signs that should prompt seeking care. Reassure him that what his wife is experiencing is completely normal and that it means that the medicine almost certainly worked, and that the bleeding and cramping are decreasing. All these are good signs. Reassure him that either he or his wife can call again if they have questions or concerns. During initial counseling in the health center, having a husband or support person join the woman to listen to the counseling information can prevent unnecessary anxiety and increase the level of support the woman receives at home.
Unit 5:
Counseling and Information Provision
Unit 5: Counseling and Information Provision

Time
1½ hours

Unit Objectives
By the end of this unit, participants should be able to:
- Counsel women about timing and location choices for use of misoprostol to treat incomplete abortion.
- Prepare women for what to expect.
- Obtain informed consent for treatment as per standard of care.
- Identify women’s medical eligibility for contraceptive methods after receiving misoprostol to treat incomplete abortion.
- Describe contraceptive choices.
- Identify need for specialized counseling and referrals for other health services.

Advance Preparation
- Prepare flipcharts with Unit 5 Objectives.
- Make copies of all handouts (Observer Checklists need more copies).
- Bring actual contraceptive methods and/or large visuals of methods for counseling demonstration.

Materials

Materials:
- PowerPoint slides
- Blank flipchart paper and stand, markers, tape
- Pre-prepared flipcharts

Handouts:
- Participant: Observer Checklist Prepare the Woman to Take Misoprostol (3 to 4 copies per participant)
- Participant: Prepare the Woman to Take Misoprostol Script
- Participant: Contraceptive Methods After Misoprostol for Incomplete Abortion
- Participant: Contraceptive Counseling Role Play Scenarios (optional)
- Participant: Counseling Observer Checklist (3 to 4 copies per participant)
- Participant: Counseling Cheat Sheet
A. Counseling Skills

Introduce the module and review the unit objectives.

- Show slide 1 (Introduction).
- Show slide 2 (What is Counseling?) and explain that counseling involves a structured interaction where a woman receives emotional support and guidance from a trained person in an environment that is conducive to openly sharing her thoughts, feelings and perceptions.

B. Voluntary Informed Consent

- Emphasize the importance of obtaining voluntary informed consent from a woman. Some providers feel it necessary to obtain consent prior to a pelvic exam. Others prefer to wait until after the diagnosis is made and treatment options have been reviewed.
- Show slide 3 (Voluntary Informed Consent) and review the points listed on the slide.
- Show slide 4 (Process for Informed Consent) and review the points listed on the slide.

C. Prepare the Woman for What to Expect After Taking Misoprostol

- Explain that once a woman has chosen to take misoprostol pills, the next step is to prepare her for what to expect. Based on the previous units, ask participants to brainstorm the different topics they would want to address with a woman during a counseling session.

D. Contraceptive Counseling after Taking Misoprostol to Treat Incomplete Abortion

- Show slide 5 (High Quality Contraceptive Services) and review the following points:
  - Explain that all women should be informed that they could become pregnant again within 10 days. A woman’s ability to become pregnant again returns quickly after treatment for incomplete abortion.
  - Remind participants that incomplete abortion can result from spontaneous abortion (miscarriage) or induced pregnancy loss (the woman terminated the pregnancy on purpose). Therefore, some women may be seeking contraception to prevent unintended pregnancy, while others may want information on becoming pregnant again.
  - Explain that it is most effective to both offer contraceptive counseling and to dispense contraceptive methods of the woman’s choice at the clinic, at the time of treatment.
  - Remind participants to provide fertility counseling if the loss was of a desired pregnancy.
- Show slide 6 (When and Where) and review the following points:
  - Contraceptive counseling can be done before or after the woman receives treatment for her incomplete abortion. Women may be fitted or re-fitted for a method, request a new method, or want resupply during her visit.
  - Contraceptive counseling should take place in a private space where other people cannot see or hear the conversation.
• Show slide 7 (Informed Choice) and review the following points:
  ▶ Women should have the right to choose a method voluntarily, without pressure.
  ▶ Women should ideally have a variety of methods to choose from or be referred to a facility with additional choices.
  ▶ Women should never feel obligated to accept contraception or a specific method.

• Show slide 8 (Eligibility for Contraceptive Methods After Treatment with Misoprostol for Incomplete Abortion) and review the following points:
  • Explain that most methods can be used immediately following misoprostol administration.
  • Recommend to women that they should not have intercourse or put anything into their vagina until the bleeding has stopped.
  • Point out that natural family planning is not recommended until a menstrual pattern returns, which for some women could take months.
  • Distribute a Contraceptive Pocket Card and review it with participants.

  *Trainer’s note: if participants need more practice with contraceptive counseling see Contraceptive Counseling Role play scenarios group activity in appendix.*

• Show slide 9 (Other Reproductive Health Linkages) and review the following points:
  • Explain that conversations with a woman during counseling can reveal other health needs that may need to be addressed through referral or at the follow-up appointment. Some examples may include:
    ▶ Sexually Transmitted Infection (STI)/Human immunodeficiency virus (HIV) education, testing and treatment
    ▶ Recurrent spontaneous abortion (miscarriage)
    ▶ Referral and counseling for cases of sexual and/or domestic violence
    ▶ Screening for anemia, cervical or breast cancer, and nutritional deficiencies
    ▶ Prenatal care for desired pregnancy if the abortion was threatened but the pregnancy is ongoing
    ▶ Female genital cutting (FGC)
    ▶ Youth-focused resources
  • Distribute the “cheat sheet” to participants and tell them it will help them think through all the necessary steps of counseling for women using misoprostol for treatment of incomplete abortion. Give participants a couple of minutes to review it.

  • Explain that the next activity will help participants learn to counsel women about taking misoprostol to treat an incomplete abortion.
• Divide participants into three groups. Tell participants that they will take turns playing the role of a “Provider” and a “Woman” using a script to act out how to effectively counsel and prepare a woman to take misoprostol.

• Distribute a “Prepare the Woman to Take Misoprostol” Observer Checklist to each participant.

• Distribute a “Prepare the Woman to Take Misoprostol Script” to each participant.

• Explain that the Script and Checklist are divided into four sections. Each participant should take a turn being the “Provider,” taking a section and then passing the script to the next participant to act out the next section. Repeat as necessary so everyone has a chance to act out at least one section as the provider. Participants should also take turns playing the “Woman.” Those who are not acting as the “Provider” or the “Woman” during a section should fill out the Observer Checklist.

  Trainers note: as an alternate to the script, participants can use the role play scenarios at the end of this Unit as guidance and act out the roles of the “Woman” and the “Provider” based on what they have learned.

• Tell participants to nominate two people from their group to perform a section of the role play for the larger group. Encourage groups to be creative and use their acting skills. Assign each group a section of the skit. After the pairs have performed their section in front of the larger group, facilitate a discussion about the parts of the script that were challenging. Focus on areas where participants are having problems counseling. Emphasize that being able to effectively counsel women to take misoprostol is one of the most important skills they will learn from the training.

• Tell participants that during counseling they may have to modify the language they use for some women depending on their literacy level, language barriers, age, etc. As counselors/providers, it is helpful to use the Checklist to ensure all the important topics have been discussed and reviewed with each woman.

• Ask if there are any comments or questions about the activity.

  Trainer’s Note: It may be helpful to ring a bell or announce each time the groups should change roles and role plays.

• Bring the groups together after they have completed three role-plays. Ask the full group the following questions:
  ▶ What was challenging about the role plays?
  ▶ How did you decide where the pills should be taken? What factors influenced this decision?
  ▶ Were the “providers” able to explain how long misoprostol might take to work effectively?
  ▶ How did the woman’s preferences influence health decisions?
  ▶ Did antibiotics come up in your conversations?
- Did the concept of a repeat dose of misoprostol come up? How was it addressed?
- Did the “provider” effectively prepare the “woman” for expected effects and potential side effects? How so?
- Did the “provider” effectively alert the “woman” to warning signs that would necessitate immediate medical care? How so?
- Do you think it is helpful to ask the woman to repeat the warning signs for complications?
- How much do you think verbal reassurance plays a role as part of using misoprostol as a treatment option for incomplete abortion?
- Why is provider sensitivity to a woman’s emotional well-being so important when providing misoprostol as a treatment option for incomplete abortion?
  √ A woman may have just learned that she miscarried a wanted pregnancy and she is in a state of emotional shock or grief.
  √ A woman may have tried to terminate the pregnancy herself and may be processing a lot of emotions.
Unit 5:
Counseling and Information Provision
## For Participants

Contraceptive Pocket Card: Methods after Misoprostol for Incomplete Abortion

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>When Method can be offered</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>At first visit</td>
<td>Can continue to use condoms as dual protection.</td>
</tr>
<tr>
<td>Injectables</td>
<td>At first visit</td>
<td></td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>At first visit</td>
<td></td>
</tr>
<tr>
<td>Intrauterine devices</td>
<td>At a follow-up visit</td>
<td>Make sure that treatment is successful; should not be used in the presence of active infection. Provide temporary methods such as condoms, oral contraceptives, etc., until the follow-up visit.</td>
</tr>
<tr>
<td>Implants</td>
<td>At first visit</td>
<td></td>
</tr>
<tr>
<td>Sterilization</td>
<td>At a follow-up visit</td>
<td>Provide condoms or other temporary methods until the follow-up visit.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>At first visit</td>
<td>Consider refitting, depending on gestational age.</td>
</tr>
<tr>
<td>Contraceptive jellies, foams, tablets or films</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Skin patches</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Emergency contraceptive pills</td>
<td>At first visit</td>
<td>Provide emergency contraceptive pills in advance as a back-up method as needed.</td>
</tr>
</tbody>
</table>
For Participants
Counseling Cheat Sheet

Misoprostol Information
Explain how misoprostol is administered and how it works. Tell women that misoprostol causes the uterus to contract and expel the remaining products of conception.

Understanding the Method
Explain that the contents of the uterus are likely to pass in the week after taking misoprostol.

Expected Effects and Side Effects
Misoprostol has not been associated with long-term effects on women’s health, and prolonged or serious side effects are extremely rare. Explain that women who take misoprostol will likely experience pain, cramping, and bleeding. They may also experience chills, fever, nausea/vomiting, or diarrhea. Tell women that these side effects generally dissipate after a few hours, although bleeding similar to a period may continue for days.

Possible Complications
Women should be given a complete description of possible complications. Signs and symptoms of serious complications should be carefully explained. It may be useful, where possible, to give women a telephone number to call with questions or concerns. All women should be advised to seek emergency care if they experience serious complications (see Unit 4 for complications that require medical attention).

Success Rate
Explain that approximately one of every 20 women treated with misoprostol may need more time, a second dose of misoprostol, or additional intervention such as vacuum aspiration to complete the process.

Follow-Up Care
Women can be encouraged to return to the clinic in one to two weeks to assess whether the method was successful.

Cost
In treatment facilities where postabortion care is paid for by the woman, the cost of treatment options should be discussed.

Answering Women’s Questions
Women should be given the opportunity to ask questions and should receive satisfactory answers prior to selecting a treatment method.
If the woman selects misoprostol for incomplete abortion as an option, review the following:

**Timing and Location**

Misoprostol can be self-administered at home (or another private place), or administered in the clinic with discharge to home after a period of monitoring and support, or after the pregnancy expels, should it occur shortly after administration of misoprostol. Timing and location of treatment depends primarily on clinical protocols, local standards and guidelines, clinic hours, and the woman’s preference.

- In weighing their options, women should be counseled to consider such aspects as the comfort and privacy likely to be found at home compared to the clinic, access to pain relief and support, the logistics of transport to and from home, and the potential time involved (i.e. the likelihood of completing the abortion while at the facility compared to staying in the facility, but then continuing the process at home, or en route to home).

**Routes of Administration**

Discuss oral and sublingual routes of administration. The oral route is effective and simple. Lower dose sublingual route is also as effective and requires the woman to hold the pills under her tongue for about 30 minutes and then swallow any remaining pill fragments with water.

**Review the Expected Effect of Cramping**

Misoprostol treatment is likely to result in cramping and discomfort of varying intensity, generally greater than that of a regular period. Pain medication will be provided to help with this, and can be taken as needed. Hot packs to the lower back can also help with acute pain.

**Review Bleeding Patterns to be Expected**

Bleeding is likely to be heavy for three to four days, followed by light bleeding and spotting for another two weeks, occasionally longer.

Complications, such as very heavy bleeding or infection are very rare, but can occur, and the woman should be advised to seek medical attention immediately if she experiences prolonged heavy bleeding (soaking through more than two extra-large sanitary pads per hour for more than two consecutive hours), or fever which continues after the day she uses misoprostol, feeling sick and foul-smelling or unusual vaginal discharge. Information on who to call or where to go if she is concerned should be provided.

**Review possible Side Effects: Chills, Fever, Nausea/Vomiting or Diarrhea**

- Chills are a common side effect of misoprostol but are short-lived. Fever is less common and does not indicate infection. Though infection is rare, fever or chills that persist for longer than 24 hours is abnormal and may indicate infection.
- Nausea and vomiting may occur and will resolve two to six hours after taking misoprostol.
- Diarrhea may also occur following misoprostol administration but should resolve within a day. Remind women to drink plenty of fluids.

**Complications**

- Explain that complications are rare but could include severe bleeding or infection; emphasize that the woman should seek help if she experiences symptoms of complications.
- Explain there is a small risk that misoprostol won’t completely expel uterine contents and another uterine evacuation method will be necessary. Options are vacuum aspiration or expectant management (re-evaluate woman’s status in one week). Women may also be offered an additional dose of misoprostol and re-assessed in seven to 10 days, as this may be beneficial. These options are for clinically stable women.
Family Planning and Contraception

All women should be informed that fertility returns quickly following a first-trimester pregnancy loss. By discussing contraceptive options with women during treatment for incomplete abortion, providers can help prevent future unwanted pregnancies. Providers should bear in mind that incomplete abortion can result from either spontaneous or induced pregnancy loss, and while some women may be seeking contraception, others may want information on becoming pregnant again.

- The following topics should be discussed with women:
  - Reassure the woman that generally there is no reason to believe that she would have difficulty carrying another pregnancy to term in the future.
  - Women who wish to become pregnant again are frequently advised to wait until they experience at least one normal menstrual period before attempting to conceive.
  - Women not wishing to become pregnant in the near term should be offered contraception that they can begin immediately. These women should receive appropriate contraceptive information. An appropriate contraceptive method will depend on the needs and preferences of each woman, as well as local availability.
  - Some contraceptives can be offered at the first visit while others can be integrated into a follow-up visit, if planned.

Contraceptive Counseling

Factors to discuss when counseling women about methods:

- If or when she would next like to have a child
- What methods she is particularly interested in
- What methods she has used successfully in the past
- What her primary concerns about contraceptive methods are (i.e. side effects, possible complications, easy to use and replenish)
- Possible start dates (i.e. immediately, at follow-up)
- What side effects she might expect and how to manage them

Other Reproductive Health Linkages

For those women who return for a follow-up visit, it is an opportunity to review whether they need any additional reproductive or other health services. Linking such services with postabortion care allows providers to address other health issues while women are in contact with the health-care system. If the facility cannot provide these additional services, appropriate referrals can be made. Other health services/referrals might include:

- Sexually Transmitted Infection (STI)/Human immunodeficiency virus (HIV) education, testing and treatment
- Recurrent spontaneous abortion and referral for assessment of underlying cause
- Referral and counseling for cases of sexual and/or domestic violence
- Screening for anemia, cervical or breast cancer, and nutritional deficiencies
- Prenatal care for desired pregnancy
- Female genital cutting (FGC)
- Youth-focused resources
For Participants
Script: Prepare the Woman to Take Misoprostol

SECTION 1

Provider: Now that we have gone over all the treatment options and you have chosen misoprostol, I would like to take some time to explain it in more detail and answer any questions you have.

Woman: That sounds good.

Provider: I will give you three pills that should be swallowed one after the other (taken together) with water.

Note: If the sites are planning to use the sublingual route use the following instead:

Provider: I will give you two pills. You should hold the pills under your tongue until they dissolve. If the pills have not dissolved in 30 minutes, you can swallow what is left with some water.

Woman: Okay, that sounds easy to me.

Provider: Okay. You can also choose where you would like to take the pills. Do you feel comfortable taking the pills at home?

Woman: Yes, I do.

Provider: Complications are very rare when taking misoprostol. If they occur, please make sure you can get to an emergency facility quickly.

Woman: That makes sense.

SECTION 2

Provider: It's normal to start having some vaginal bleeding within an hour or so after taking the pills. This bleeding can continue for up to two weeks but typically lasts around five to eight days and decreases over time. Spotting can continue longer, up until you have a normal menstrual period again. The bleeding can be heavier than a normal period, and the passage of clots is normal.

Woman: When can I expect the bleeding to be the heaviest?

Provider: It depends, because different women have different experiences. I have found that most women experience the heaviest bleeding a few hours after taking misoprostol through the following day.
Woman: Will it feel most like having a period, having a miscarriage or delivering a baby?

Provider: Cramping is an expected effect after taking misoprostol, just like the vaginal bleeding. Cramping can begin within 30 minutes of taking the pills, and almost always starts within the first few hours. Pain levels vary greatly among women, though most women describe it as a little stronger than a regular menstrual period. It should not feel like the contractions experienced when delivering a full term baby. It may be similar to cramping experienced during a very early miscarriage. There are some things we can do to help manage the pain or discomfort.

Woman: Oh good.

Provider: I can give you medication (analgesia) to take with the misoprostol or when you need to relieve cramps. Many women like taking it with the misoprostol because we have found it to be more effective if taken before a woman’s pain level gets too high. You can continue to take these pain medications throughout the time period you experience cramping, usually over a couple of days.

Woman: Thanks, I think I would like to take the pain medication with the misoprostol because I really don’t like to feel cramping.

Provider: That sounds like a good choice for you then. Some other things that might help the cramping are putting heat to your abdomen or lower back, for example using a hot-water bottle, a heating pad or warm cloths, taking warm baths or showers, or even changing your position by sitting or lying comfortably.

Woman: I have a hot water bottle that I use sometimes when I have my period or I’ve hurt my back.

Provider: That is a good way to manage the cramping. There are some side effects to taking misoprostol that I want to prepare you for as well. None of them are dangerous to you but they might make you feel uncomfortable. Not all women experience them, and some women only experience one or two of them, but I want you to be prepared just in case.

Woman: Okay.

Provider: Chills are a common side effect of misoprostol but do not last long, typically not for more than a few hours. Fever is less common but some women do get a fever for a few hours. If chills or fever last for more than 24 hours, I want you to contact the clinic because this may be a sign of infection. There are a few different medications that can help with fever, but the one you will take for the cramping should also take care of any low grade fever.

Woman: So I may feel some chills the first day and I might get a fever, but probably not.

Provider: That’s right. Some women may also experience nausea and/or vomiting soon after taking misoprostol. This will stop two to six hours after taking the pills. Some women also experience diarrhea which should resolve within a day. If these side effects last longer or become severe, we can help you here at the clinic with a different type of medication.

The other side effects are different for every woman. Some experience all of them, and some women don’t experience any. I just want you to be aware of all of them, so that you have a good sense of what is in the normal range.
Woman: Yes, I think I would have been frightened to experience some of these problems if I didn’t know ahead of time that they were normal with these pills.

Provider: Now that you understand what you may experience in the hours and days after taking the pills, you can choose where you would like to take the pills. It is safe for you to take them at home where you may be more comfortable and have more privacy. Or, you can take them here at the clinic. If you don’t expel uterine contents fully while at the clinic, you would then go home a few hours later to complete the uterine evacuation there.

Woman: I think I’d prefer to take them at home because my sister lives next door and can help with my children so I can rest. I also have a private bathroom at home, which would be good in case I get sick to my stomach and also to manage the bleeding. I don’t like the idea of feeling sick or needing a bathroom during a 30 minute bus trip, so I’d prefer to wait to take the pills until I am home.

Provider: That sounds good. Here are the misoprostol pills to be taken with water (give her the pills). And here is the pain medication to help with cramping (give her the pills). Take the first pain pill with the misoprostol pills, and then every four to six hours, depending on your level of discomfort. I can send you home with some sanitary pads as well.

Woman: Thank you.

SECTION 3

Provider: Of course, no problem. The misoprostol will most likely start to take effect soon after taking the pills. As I mentioned earlier, it can take up to two weeks for your uterus to completely evacuate contents. There is a small risk that the uterus won’t expel the extra tissue completely, in which case you might need a procedure. The signs of this would include bleeding more than two weeks, severe abdominal pain or ongoing cramping pain.

A fever after the first day you use misoprostol or flu-like symptoms may mean you have an infection of the uterus and may require special medicine (antibiotics).

If you have any of these symptoms – prolonged bleeding or cramping, severe pain, fever or flu-like symptoms – please come back to the clinic.

Woman: Okay.

Provider: As we discussed, you can expect some vaginal bleeding. Please come back to the clinic immediately or call for emergency care if the bleeding becomes so heavy that you soak more than two extra-large sanitary pads per hour for more than two consecutive hours. Also seek immediate care if you have sudden heavy bleeding after the bleeding had already stopped or lessened. If your bleeding has continued for more than two weeks and you feel lightheaded or dizzy, please come back to the clinic so we can examine you again. (Give the woman a Home Assessment Card and review the written materials or picture instructions).

Provider: It is very important to me that you fully understand what you will most likely experience after taking the pills (vaginal bleeding, cramping), what you might experience after taking the pills that is still normal (fever and chills for a few hours, nausea/vomiting for a few hours, diarrhea for a day or so), and what the warning signs are of a serious problem that needs immediate care. Can you please tell me what the warning signs are that mean you should come to the clinic immediately or call for emergency help?
**Woman:** Yes, I think so. If I soak more than two extra-large sanitary pads in less than two hours or if I’m still bleeding after two weeks and I feel dizzy.

**Provider:** That’s right. Can you think of any other warning signs of a serious problem that would need immediate medical attention that is different than vaginal bleeding?

**Woman:** Oh yes, if I feel sharp pains in my abdomen or feel sick and have a fever a day after taking the pills.

**Provider:** Very good. You have your misoprostol pills, your pain pills, some sanitary pads, and your warning signs card to remind you of what to look for if you need emergency care with our phone number on it. Do you have any questions for me?

**Woman:** No.

**Provider:** It isn’t necessary for you to come back for another appointment, as the misoprostol is very effective. If you have any concerns that your uterus did not completely expel the remaining tissue, just call and make an appointment for two weeks after you take the pills.

**Woman:** Very well.

**Provider:** Please take the misoprostol and pain relief pills today when you get home.

**SECTION 4**

**Provider:** Would you like to become pregnant soon or would you like to prevent becoming pregnant?

**Woman:** I do not want to get pregnant.

**Provider:** You can become pregnant within 10 days after taking misoprostol for incomplete abortion. If you would like to prevent pregnancy, we can provide you some contraceptive options.

**Woman:** I am interested in taking the birth control pill.

**Provider:** We can get you started on the pill today. I can make sure you leave with a package and with some condoms as well.

**Woman:** Thank you.
# For Participants

Observer Checklist: Prepare the Woman to Take Misoprostol

<table>
<thead>
<tr>
<th>Did the “provider”...</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Section 1</strong></td>
<td></td>
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<tr>
<td>Talk with the woman in a sensitive, caring manner?</td>
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<td>Explain the two administration choices for taking misoprostol?</td>
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<tr>
<td>Discuss options where she can take the pills (clinic, home, etc.)?</td>
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<td>Encourage the woman to choose the location for taking the pills that is best for her?</td>
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<td><strong>Section 2</strong></td>
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<tr>
<td>Effectively explain the variability of how long the uterine evacuation process might take (a few hours to two weeks)?</td>
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<tr>
<td>Counsel the woman about expected effects and what she can do to manage them?</td>
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<td>- Bleeding</td>
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<td>- Cramping</td>
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<td>Counsel the woman about potential side effects and what she can do to manage them?</td>
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<td>- Chills</td>
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<td>- Fever</td>
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<td>- Nausea/Vomiting</td>
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<td>- Diarrhea</td>
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<td><strong>Section 3</strong></td>
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<tr>
<td>Clearly explain to the woman what the warning signs are for complications, how to recognize them and the need to return to the clinic or find emergency care?</td>
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<td>- Very heavy bleeding/bleeding that does not gradually diminish over time</td>
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<td>- Lightheadedness or fainting after weeks of bleeding</td>
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<td>- Fever for more than a day</td>
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<td>- Cramping or pain that is severe or does not improve with analgesics</td>
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<td>- Foul vaginal smell</td>
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<td>- Flu-like symptoms</td>
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<tr>
<td>Clearly explain to the woman how to seek help if she experiences any of the warning signs for complications?</td>
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<td>Provide contact information if problem or emergency arises?</td>
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<td>Provide misoprostol (and analgesics if needed) in clinic or to take home?</td>
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<td>Explain that if the misoprostol does not complete the abortion this time, she will need a vacuum aspiration procedure?</td>
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<tr>
<td><strong>Section 4</strong></td>
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<td>Ask if the woman would like to become pregnant soon or if she would like to prevent pregnancy?</td>
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<td>Explain to the woman that she can become pregnant within 10 days?</td>
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<td>Offer information on delaying or preventing pregnancy and spacing children?</td>
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<td>Provide preferred contraceptive method, today if appropriate?</td>
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<td>Refer to other resources as needed and discuss any other health needs (cervical cancer screening, HIV testing/care, fertility clinic, etc.) also to expand method choices?</td>
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For Participants
Role Play Scenarios

Woman 1
You are Mia, a 14-year-old young woman who came to the clinic with an unwanted pregnancy. You have been bleeding lightly with moderate cramping for about a day. You went to the traditional village midwife three days ago who helped you attempt to terminate the pregnancy in her home, using some medicinal herbs and sticks. Your exam reveals that you still have retained tissue in your uterus and you are 10 weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol.

Woman 2
You are Maria, a 32-year-old woman. You have had three prior miscarriages. You are happily married and want to start a family. You were happy to be pregnant and are now upset because you started cramping and bleeding today. Your exam reveals that you have had a miscarriage and you still have retained tissue in your uterus and you are eight weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol.

Woman 3
You are Leila, a 35-year-old woman with an unwanted pregnancy. You have four children and a husband who is out of work. You are working two jobs to make ends meet. A friend gave you some medicines to end the pregnancy which caused some mild cramping and bleeding. You are concerned that you may still be pregnant and that you are running out of time. Your exam reveals that you do not have a viable pregnancy but still have retained tissue in your uterus. You are 12 weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol.

Woman 4
You are Karen, a 17-year-old commercial sex worker who came to the clinic after trying to terminate an unwanted pregnancy. You feel moderate cramping and have some spotting. You live in a small apartment with three other sex workers and you have a controlling manager who does not allow you to come and go as you please. Your exam reveals that you still have retained tissue in your uterus and you are nine weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol.

Woman 5
You are Gita, a 24-year-old woman with two children. You were pleased to be pregnant as your children are both girls and your husband wants a son. You started to have mild bleeding and moderate cramping and you are very worried. Your exam reveals that you had a miscarriage. You are 10 weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol.

Woman 6
You are Susana, a 20-year-old woman. You terminated an unwanted pregnancy two weeks ago with misoprostol but you are still bleeding and your breasts still feel tender. Your exam reveals that you still have retained tissue in your uterus and you are 12 weeks LMP. After having all the evacuation options explained to you, you decide to take misoprostol again.
For Participants
Contraceptive Counseling (optional)

Scenario 1
A 17-year-old woman is at your facility because of an incomplete abortion. She tried to terminate the pregnancy herself and is embarrassed to talk about her body. She plans to take misoprostol pills at home. During counseling, she reveals that she became pregnant by a much older man. She does not think she can get him to wear condoms. She does not trust hormonal methods. She still lives with her family, who thinks she is a virgin. She tells you that her family cannot know about any contraception.

Scenario 2
A 27-year-old woman who had an incomplete abortion treated with misoprostol is back for a follow-up visit two weeks later. She was given condoms to use if needed before the return visit, but she says she didn’t have sex during that time because she was still bleeding. She is still having light spotting, but says she wants to start using a contraceptive because she thinks she’ll have sex with her husband soon and doesn’t want to become pregnant again right away.

Scenario 3
A 39-year-old woman with four children came to your facility a month ago for an incomplete abortion which was treated with misoprostol. She was counseled about different contraceptive methods and she and her husband decided that she should get permanent contraception. She came to this facility because she heard that you perform female sterilization. She lives very far from the facility and does not know when she will be able to return.

Scenario 4
A 21-year-old woman with no children came to your facility two weeks ago with an incomplete abortion which was treated with misoprostol. She was also given condoms. She is monogamous with her partner, denies sexual activity since treatment and desires an IUD or implant for contraception because she does not want children for several years. She reports feeling well.

Scenario 5
A married 36-year-old woman has an incomplete abortion and she plans to take misoprostol at home in a few hours. She says that she wants to have one more child but she wants to wait at least one year. She smokes and has high blood pressure. When you mention the IUD, she says that she is not interested because it might get lost inside her body.

Scenario 6
A 32-year-old woman with three children says that this is the second time she has had a miscarriage. She has chosen to take misoprostol at home later today. After the first miscarriage, she did not want contraceptive information because she was trying to become pregnant and desired another child; she did and now her family is complete. She and her husband believe that contraceptives cause cancer.
For Trainers
Contraceptive Counseling (optional)

Trainer's Note: Be sure all key consideration are covered during the role plays.

Scenario 1
A 17-year-old woman is at your facility because of an incomplete abortion. She tried to terminate the pregnancy herself and is embarrassed to talk about her body. She plans to take misoprostol pills at home. During counseling, she reveals that she became pregnant by a much older man. She does not think she can get him to wear condoms. She does not trust hormonal methods. She still lives with her family, who thinks she is a virgin. She tells you that her family cannot know about any contraception.

Key Considerations:
• Discuss long term, discreet methods, including implants and IUDs.
• Dispel myths about hormonal contraception.

Scenario 2
A 27-year-old woman who had an incomplete abortion treated with misoprostol is back for a follow-up visit two weeks later. She was given condoms to use if needed before the return visit, but she says she didn't have sex during that time because she was still bleeding. She is still having light spotting, but says she wants to start using a contraceptive because she thinks she'll have sex with her husband soon and doesn't want to become pregnant again right away.

Key Considerations:
• Discuss bleeding expectations following treatment of incomplete abortion with misoprostol.
• Discuss contraceptive options including long-acting reversible methods.

Scenario 3
A 39-year-old woman with four children came to your facility a month ago for an incomplete abortion which was treated with misoprostol. She was counseled about different contraceptive methods and she and her husband decided that she should get permanent contraception. She came to this facility because she heard that you perform female sterilization. She lives very far from the facility and does not know when she will be able to return.

Key Considerations:
• Discuss long-acting reversible methods compared to permanent methods.
• Provide an interim method of contraception until sterilization can be scheduled.
Scenario 4
A 21-year-old woman with no children came to your facility two weeks ago with an incomplete abortion which was treated with misoprostol. She was also given condoms. She is monogamous with her partner, denies sexual activity since treatment and desires an IUD or implant for contraception because she does not want children for several years. She reports feeling well.

Key Considerations:
- Review different long-acting methods she can choose from.
- She can have an IUD or implant inserted during this visit.

Scenario 5
A married 36-year-old woman has an incomplete abortion and she plans to take misoprostol at home in a few hours. She says that she wants to have one more child but she wants to wait at least one year. She smokes and has high blood pressure. When you mention the IUD, she says that she is not interested because it might get lost inside her body.

Key Considerations:
- Discuss progestin-only methods (pills, injections, implants) and barrier methods.
- Dispel myths regarding IUDs.
- Discuss smoking cessation.
- Mention pre-conceptual counseling (folic acid, immunizations).

Scenario 6
A 32-year-old woman with three children says that this is the second time she has had a miscarriage. She has chosen to take misoprostol at home later today. After the first miscarriage, she did not want contraceptive information because she was trying to become pregnant and desired another child; she did and now her family is complete. She and her husband believe that contraceptives cause cancer.

Key Considerations:
- Discuss contraceptive options, contraceptive benefits and dispel myths.
- Discuss non-hormonal contraceptives, if this is the woman’s decision, including the IUD and sterilization, depending upon her desire for future children.
- Discuss bleeding expectations and when she might be able to start using natural family planning.
For Participants
Contraceptive Counseling Script (optional)

Trainee’s Note: If participants need additional practice with contraceptive counseling, select volunteers to act out or read out loud the following script. Use the Cheat Sheet to discuss elements related to contraceptive counseling with the group.

**Provider:** Hello Mina. My name is _____ and I’m a counselor. Your chart says you that you received treatment for an incomplete abortion using misoprostol. How are you feeling now?

**Mina:** I’m having some bleeding but I’m ok.

**Provider:** Good. I’m going to ask you a few questions so that we can take great care of you here at __________. I assure you that everything we discuss will be kept private and will not be shared with anyone not directly involved in your medical care.

**Mina:** Okay.

**Provider:** Would you like to become pregnant again right away, or would you like to delay pregnancy? It is possible for you to become pregnant again soon, even within the next 10 days.

**Mina:** I don’t want to be pregnant soon, maybe in a few years.

**Provider:** I can help you find a contraceptive method that will help you prevent pregnancy. Would you like your partner to participate in our conversation?

**Mina:** Yes, I think he would like to be part of this.

**Provider:** Okay, I will go get him and we can get started.

**Mina:** Thanks.

*Male partner Jamie comes into the room.

**Provider:** Hello Jamie. Mina and I were just discussing how she would like to delay pregnancy for another two years. Were you using contraception before this pregnancy?

**Mina:** Yes, I was taking pills and we used condoms some of the time. (Jamie nods).

**Provider:** Did you take the pills every day at the same time?

**Mina:** Usually, but after my “off week” I sometimes forgot to take them again. I usually take them at bedtime but sometimes I would forget and would have to take two the next day.

**Provider:** That may explain why you became pregnant. The pills are more effective if they are taken every day at the same time. Did you have any side effects or other reasons why the pills did not work well for you?
Mina: I didn’t have any problems with gaining weight or feeling sick, if that is what you mean. They just didn’t work for me; I got pregnant anyway.

Provider: Okay, let’s talk about your options. [Provider reviews all methods available at the clinic site and others that are available at referral clinics nearby]. Which method do you think would work well for you?

Mina: We’ve used condoms before, just not every time.

Provider: Condoms are a great choice. I usually recommend using condoms along with another method that is better at preventing pregnancy. When used together, they are highly effective.

Jamie: Okay (reluctantly). I don’t really like condoms, but I don’t want her to become pregnant again right now.

Provider: There are many options with condoms [Provider reviews different kinds]. I’m sure we can find a type that you like.

Jamie: [Selects one that sound appealing to him.]

Provider: Good choice, let’s make sure you leave here today with a supply to last several weeks.

Mina: If I want to get an IUD, does it hurt? Will I feel it once it’s in?

Provider: It’s a relatively painless procedure to insert it, similar to a pelvic exam. Once it’s in, you will not feel it during your day-to-day life or during sex. The only way to feel it is to insert your fingers into your vagina and feel the strings. Having it removed is relatively painless as well.

Mina: And it really works for a long time?

Provider: Yes, the effectiveness of IUDs ranges from 5-10 years, depending on the one you choose.

Mina: And what about becoming pregnant later? I might like to have children in four or five years.

Provider: Once the IUD is removed, your fertility can return quickly. Do you have any other questions?

Mina/Jamie: I think you addressed everything.

Provider: [Review timeline for follow-up appointment for insertion, and review all side effects again.]
Unit 6:

Follow-up visit
Unit 6: Follow-up visit

Time
30 minutes

Unit Objectives
By the end of this unit, participants should be able to:
• Describe the reasons an in-person follow-up visit may not always be necessary.
• Discuss follow-up needs in various situations.
• Describe signs of successful misoprostol treatment.
• Prepare woman for what to expect.
• List signs of infection or other complications and identify need to treat or need for referral as appropriate.
• Answer any questions or concerns from women related to incomplete abortion.
• Counsel, treat or refer for any other health needs.

Advance Preparation
☐ Prepare flipcharts with Unit 6 Objectives.
☐ Prepare a flipchart with the headings Pros and Cons in two columns.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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☐ Make copies of Follow-Up Care handout,
☐ Patient Take Home Card
☐ Patient Home Assessment card
☐ Purchase four small prizes (optional).
A. Purpose of In-Person Follow-Up Visit (5 minutes)

Introduce the module and review the unit objectives.

- Show slide 1 (Follow-Up Visit).
- Show slides 2 and 3 (Objectives).
- Ask participants to describe the purpose of an in-person follow-up visit. Record responses on a flipchart.
- Show slide 4 (In Person Follow-Up Visit).
- Explain that few women require additional medical care during a follow-up visit, so an in-person visit may not be necessary for every woman (alternative means of communication should be established in case of need, see below).
- Explain that an in-person follow-up appointment can be an opportunity to ensure that treatment was successful, to detect and manage any complications, and to address the woman’s concerns and other health needs.
- Point out that treatment of incomplete abortion with misoprostol is highly effective, and complications are rare.
- Ask participants to share the pros and cons of making an in-person follow-up visit part of standard care and list them on the pre-prepared Pros/Cons flipchart.
B. Alternative follow-up procedures (5 minutes)

- Ask participants to brainstorm alternatives to an in-person follow-up visit. Record their responses on a flipchart.

- Facilitate a brief discussion about the pros and cons of these alternative follow-up care options.

- Show slide 5 (Alternative Follow-Up Procedures) and review the following points:
  - There is evidence that the majority of women accurately assess that their incomplete abortion has resolved after treatment with misoprostol.
  - Telephone interviews and self-assessment guides have been used to evaluate the course of an abortion and signs of complications to determine whether an in-person visit is necessary.

- Stress the importance of educating women about the signs and symptoms of infection and other problems, such as prolonged bleeding, so that she will know when a follow-up visit is needed to protect her health.

- Women can recognize all important or relatively common complications.

- Give participants the patient take home card and the patient home assessment card and discuss ways it can be used.

C. Timing of follow-up visit (3 minutes)

- Ask participants when a follow-up visit should be scheduled in cases where it is required.

- Show slide 6 (Timing of the Follow-Up Visit) and review the following points:
  - Providers should allow sufficient time for misoprostol to work, as timing for completion can vary from one day to several weeks.
  - To avoid unnecessary intervention, the follow-up visit to assess health status should be scheduled no less than seven days after misoprostol administration.
  - This visit schedule is associated with consistently high success rates. Unless medically necessary for hemostatic or infection control, intervention with vacuum aspiration prior to seven days is not recommended.
  - For women who don’t return or can’t return, a telephone follow-up may be a good initial way to assess the woman’s status and determine if she should return to the facility.
  - Women should be advised that medical help can be sought at any point during treatment if needed, and that if they experience signs of complications prior to a scheduled follow-up appointment, they should seek care immediately.
D. What happens at the follow-up visit? (5 minutes)

- Explain that the provider should ask the woman about her symptoms following treatment.
- Ask participants what signs indicate that treatment was successful. Record responses on a flipchart.
- Show slides 7 and 8 (What Happens at the Follow-Up Visit) and review the following point:
  - Women experience bleeding ranging from lighter than a menstrual period to much heavier than a menstrual period after taking misoprostol, usually with passage of clots or tissue.
- Explain that the provider should examine the woman’s physical status and perform a pelvic exam.
- Ask participants to describe the signs of successful treatment during a pelvic exam.
- Show slide 9 (What Happens at the Follow-Up Visit cont’d) and review the following points:
  - Minimal or absent bleeding
  - Normal uterine size (small, firm)
  - Nontender uterus and adnexae and no cervical motion tenderness
  - Closed cervical os

E. Role of Ultrasonography (3 minutes) (as it applies to audience)

- Ask participants if they have used ultrasonography for standard follow-up care in the past. Ask participants to share experiences where ultrasound after misoprostol administration was not helpful.
- Show slide 10 (Role of Ultrasound) and review the following points:
  - Providers can refer women to facilities with ultrasound if they are uncertain of the woman’s status following misoprostol treatment.
  - Ultrasound is not necessary to confirm successful resolution with misoprostol treatment. Clinical history and examination are sufficient to assess complete evacuation.
  - Unnecessary intervention to evacuate the uterus may occur when providers see intrauterine debris, such as clots, shedding decidua, etc. on ultrasound but misinterpret its clinical significance.
  - Women treated successfully with misoprostol have been found to have a wide range of endometrial thicknesses on ultrasound at follow-up; therefore it is recommended that the decision to perform uterine aspiration be based on clinical assessment only.
F. Management of complications (15 minutes)

See Unit 4: Treatment of Incomplete Abortion Using Misoprostol for detailed information on recognizing and managing method failures and complications.

Tell participants that the following activity will serve to test their knowledge of complications relating to the treatment of incomplete abortion using misoprostol. They will participate in a “quiz show” that will help them review the information they learned in Unit 4. The trainer will serve as the quiz show “host.”

- Arrange five chairs in the front of the room, three together and two facing each other (all chairs should generally face the rest of the group).
- Select four participants from the group. Sit in one of the two chairs facing each other, and ask one of the four participants to sit facing you, in order to simulate a game show type of setting. The other three participants should sit in the other chairs.

  - Ask each participant to answer one question, until all the questions have been answered. If participants answer correctly, you can give them a small prize (optional). Thank the participants for playing.

G. Counseling (10 minutes)

- Show slide 16 (Counseling).
  - Tell participants that a follow-up call or appointment is a good time for the following:
    - Answer any questions or concerns the woman has.
    - Assess woman’s fertility goals.
    - Evaluate and discuss any other health needs.
  - Remind participants of the following points:
    - Women who desire to prevent a future pregnancy should be counseled on the return of menses, and the range of contraceptive methods available to her, including the timing of each.
    - Women who want to become pregnant again should be informed that it is advisable to wait until bleeding has ceased and they feel comfortable and/or ready to resume sexual intercourse.
    - All women should be evaluated and have the chance to discuss any other health needs as part of comprehensive care.
Facilitate a brainstorming activity and ask participants to:

- Name other health concerns that could be addressed during a follow-up visit.
- Explain why these concerns should be addressed. For example, infertility may be a concern for a woman who has had multiple spontaneous abortions, HIV testing and treatment may be a concern for a woman who thinks her partner may be using drugs or has other partners, or nutrition services may be a concern for a woman who is anemic, underweight and does not have a regular food supply.
- Describe places that can serve as referrals to address these various needs.
- List health concerns that impact women’s reproductive health (or reproductive choices). Ensure the following are listed: cervical cancer screening, HIV testing/care, fertility clinic, contraception, and sexual violence.

List participant responses on a flipchart.

H. Summary (5 minutes)

- Show slides 16 and 17 (Summary). Review the summary points and answer any questions.
- Give participants the Follow-Up Care Checklist Handout. Explain that they can use this as a guide when conducting follow-up care visits or calls with women who have taken misoprostol to treat incomplete abortion.
Unit 6:

Follow-up visit
Information on Treatment with misoprostol for incomplete abortion

You have just received treatment with misoprostol. This fact sheet will explain to you how will take the pills, what the expected side effects are and what the warning signs are that warrant immediate attention at a hospital or health facility.

How to take the pills:
• If you were given three pills swallow with water.
• If you were given two pills place under your tongue until they dissolve. Swallow any remaining fragments.

Post treatment care:
• If you would like to avoid a future pregnancy, select and begin a contraceptive method. The methods that can be used immediately are the condom, and hormonal methods such as contraceptive pills or injectables.
• If you would like to become pregnant in the near future, consult a provider as to the best time to resume intercourse
• Consult your health provider regarding other health services that you may need such as tests for sexually transmitted diseases including HIV.

Expected side effects:
• Bleeding: usually begins the day the pills are taken. Generally, bleeding is moderate or mild and may continue until your next period.
• Pain/cramps: usually begin with the hour after taking the pill. Analgesics such as aspirin or ibuprofen can help to reduce pain.
• Gastrointestinal symptoms: you may experience short-lived diarrhea, nausea and vomiting.
• Fever/chills: may occur but are short lived.

***DANGER SIGNS***
Seek immediate medical attention if you experience the following:
• Fever beginning more than 24 hours after treatment
• Severe abdominal pain that does not improve after taking analgesics such as aspirin or ibuprofen
• Bleeding:
  ▶ Filling of two maxi-pads per hour for more than two consecutive hours
  ▶ Sudden abundant bleeding, after flow has already slowed or completely stopped several days after having taken misoprostol
  ▶ Prolonged bleeding for several weeks and feeling of weakness or dizziness

Follow-up visit (only if the provider deems it necessary)

Location: _____________________________
Date: _______________ Time : ___________

Patients name: ________________________

______________________________
For Participants
Patient home self – assessment card

You have just been treated with medicines for incomplete abortion. You were given pills at the clinic. After having taken the pills it is normal to experience nausea, vomiting or diarrhea. You may also get fever or chills for a very short time. You will probably also experience abdominal pain or cramping similar to when you have your period, although the pain or cramps may be stronger and have bleeding similar to a heavy period that can last for up to one week. If you experience any of these side effects, they normally go away in a short period of time.

This self assessment tool is designed to allow you to identify any urgent signs that require immediate attention. Please review these questions daily for a week after your initial treatment. Please note that if at any time you answer “yes” to any of the questions below, you should seek medical attention as soon as possible.

1. Do you have a high fever?
   Temperature elevation generally does not last more than one or two hours. If you have a very high persistent fever lasting more than 24 hours please contact your provider immediately.
   Yes ☐ No ☐

2. Have you experienced any chills or sweating?
   Chills are a transient but common side effect of misoprostol. However, if your chills persist for more than 24 hours or develop more than a day after misoprostol administration or you experience very low temperatures with cold body parts such as hands contact your provider immediately.
   Yes ☐ No ☐

3. Do you have severe abdominal cramping?
   Cramping typically starts within the first few hours but can begin as early as 30 minutes following misoprostol administration. Pain may be stronger than that typically experienced during a menstrual period. If pain persists and does not improve with analgesics contact your provider immediately.
   Yes ☐ No ☐

4. Have you experienced any nausea or vomiting?
   If your nausea and vomiting do resolve within 2-6 hours, contact your provider immediately.
   Yes ☐ No ☐

5. Are you experiencing very heavy bleeding?
   Bleeding is normal and should range from light to heavier than a regular period. However, if you soak more than 2 extra large sanitary pads an hour for more than two consecutive hours or if you have bled continuously for several weeks and begin to feel dizzy or light-headed contact your provider immediately.
   Yes ☐ No ☐

6. Do you feel any dizziness or lightheadedness?
   Yes ☐ No ☐

7. Do you feel faint or have you fainted?
   Yes ☐ No ☐

8. Do you have vaginal discharge that smells bad?
   Yes ☐ No ☐
### For Participants

**At Home or In-Clinic Follow-up Care Checklist**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have pain or cramping that does not improve with analgesics?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have more than light spotting or bleeding? (abnormal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have fever (lasting more than one day after taking the misoprostol)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have abnormal abdominal pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel lightheaded or weak?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have bad-smelling or unusual discharge?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note these questions can also be asked over the phone.*

* If any responses to these questions are in the “YES” field, immediate care should be sought.
Unit 7:
Service Delivery
Unit 7: Service Delivery

Time
45 minutes

Unit Objectives

By the end of this unit, participants should be able to:

- List the facilities and supplies necessary to provide misoprostol to treat incomplete abortion.
- Describe the provider requirements and the staff training necessary to provide misoprostol treatment.
- Discuss the basics of monitoring the performance of providers and the improvement of quality of services, noting key source document for further study.
- Articulate the importance of good record-keeping and documentation of complications and adverse events.
- Describe the integration of misoprostol into existing PAC services.
- Explain the *Misoprostol for Use in Postabortion Care: A Service Delivery Toolkit.*

Advance Preparation

- Prepare flipcharts with Unit 7 Objectives.
- Prepare blank flipcharts with the following titles:
  - Infrastructure and Furniture
  - Equipment and Supplies
  - Drugs
  - For Referral Facilities - Emergency Treatment Supplies

For additional resources, see Ipas/VSI’s *Misoprostol Use in Postabortion Care: A Service Delivery Toolkit.*

Materials

Materials:

- Presentation slides
- Blank flipchart paper and stand, markers, tape
- Pre-prepared flipcharts
- Small prizes for correct answers (optional)
A. Facility and Supply Minimum Requirements (15-30 minutes)

Introduce the module and review the unit objectives.

- Show slides 1 through 3 (slide 1: Introduction, slides 2 and 3: Objectives).
- Post the three pre-prepared flipchart pages: (1) Infrastructure and Furniture, (2) Equipment and Supplies, and (3) Drugs.
- Ask participants to brainstorm all the things they would need to treat incomplete abortion with misoprostol. Record their responses under the corresponding title.
- Using colored markers (or some other system), ask participants to prioritize the elements that are absolutely necessary, or the minimum requirements, compared to the elements that would be nice to have in place but are not necessary to provide this treatment option. Circle “minimum requirements” in one color and circle “would be nice to have” in another color.
- Show slide 4 (Minimum Requirements to Provide PAC Treatment with Misoprostol) and review the following requirements:
  - Infrastructure
    - Counseling and examination room(s)
    - Light (does not require electricity, i.e. a flashlight)
    - Clean water supply
  - Equipment and supplies
    - Supplies for vaginal and bimanual pelvic exam, including speculum, gloves, etc.
    - Disinfection supplies for instruments and gloves
  - Drugs
    - Misoprostol
- Show slide 5 (Desirable Supplies That Increase Quality of Care) and review the following points:
  - These are highly desirable supplies that increase the quality of care:
    - Toilet facilities
    - Analgesics and antipyretics (NSAIDS such as ibuprofen, paracetemol)
    - Contraceptive supplies (when integrated with PAC services rather than by referral, there are better outcomes)
- Post the pre-prepared flipchart For Referral Facilities - Emergency Treatment Supplies. Ask participants to name elements that a referral facility would need to have in place. Explain that before they refer women to another facility for complications, they need to ensure that the facility is equipped to provide emergency services.
• Using colored markers (or some other system) ask participants to prioritize the elements a referral facility absolutely needs to have in order to provide emergency treatment for complications or treatment failure. Circle “minimum requirements” in one color and circle “would be nice to have” in another color.

• Show slide 6 (Referral Facilities - Emergency Treatment Supplies) and review the following points:
  - Emergency treatment supplies
    - Emergency resuscitation materials and drugs (including IV lines and fluids, IV antibiotics, blood transfusion and other surgical supplies)
    - Manual vacuum aspiration (MVA) equipment
    - Other evacuation equipment if MVA is not available

• Show slide 7 (Proper Misoprostol Storage).

• Review the need to store misoprostol pills in a dry, clean place, away from excessive moisture or heat, and to ensure the blister packs remain unopened until time of use. In settings where the pills are in a bottle, avoid unnecessary opening of the bottle exposing the drugs to air and the environment.

• (Optional) Facilitate a discussion among participants about how their minimum requirements lists compare to what is available at their own health-care facility. Are there any gaps? How can they be addressed?

B. Provider requirements and staff training issues:

• Ask participants to list the two basic requirements needed to provide misoprostol for treatment of incomplete abortion. You can try asking the following question: “If you were in a rural health care facility with no electricity, no physician available and only basic supplies, what are the two most important things you would need to administer misoprostol for treatment of incomplete abortion?”

• Offer a small prize, such as candy or a pen, to the first participants who answer correctly (optional).

• Show slide 8 (Key Resources Needed to Administer Misoprostol for PAC Treatment).

• Tell participants that the two things most needed to administer misoprostol for treatment of incomplete abortion are:
  - Trained staff
  - Misoprostol pills

* To emphasize this point, write down these two “resources” on a blank flipchart and post.

• Explain that offering a comprehensive training on how to use misoprostol for treatment of incomplete abortion will improve provider comfort and skill with the method.
misoprostol for treatment of incomplete abortion: training guide

• Tell participants that as provider familiarity with and confidence in the method increases, success rates and the woman’s satisfaction will increase as well.

• Explain to participants that when they are planning to train staff, case studies are generally helpful in training providers, particularly when discussing evaluation of health status and side effect management. In addition, role play and group activities are often effective for training on counseling and eligibility.

• A basic training course on misoprostol for treatment of incomplete abortion should include the following elements:
  ▶ Mechanism of action
  ▶ Misoprostol availability, storage, efficacy, and acceptability
  ▶ Eligibility, contraindications, and precautions
  ▶ Diagnosis of incomplete abortion
  ▶ Role of ultrasonography
  ▶ Regimens for using misoprostol for treatment of incomplete abortion
  ▶ Counseling when using misoprostol as a treatment option for incomplete abortion
  ▶ Management of side effects and potential complications
  ▶ Follow-up and assessment of health status
  ▶ Provision of contraceptive and family planning services following abortion
  ▶ Provision of reproductive and other health services following abortion

C. Monitoring and Performance Improvement/Quality of Care

• Ask participants to raise their hands if they are interested in improving the quality of care of their postabortion patients (expect that most hands will be raised). Explain that quality improvement is more likely to happen when there is a plan in place from the start.

• Show slide 9 (Monitoring), read the definition and review the following point.
  ▶ Definition: A system of ongoing information gathering and regular assessment of how a program or service is functioning.
  ▶ It is an ongoing process where information is gathered and analyzed in a systematic, routine way.

• Ask participants to describe why monitoring is beneficial.
  ▶ Explain that monitoring can lead to insights on how to improve treatment implementation so that women receive high quality services and health care providers have the resources they need to provide high quality care.

• Ask participants to think about introducing misoprostol in their facilities. What aspects of service delivery should be monitored? Record responses on a flipchart.
• Show slide 10 (Aspects of Service Delivery to be Monitored) and review the following points:
  ▶ Patient information
  ▶ Counseling
  ▶ Clinical services
  ▶ Record keeping
  ▶ Patient satisfaction
  ▶ Success rates with misoprostol for treatment of incomplete abortion
  ▶ Any serious complications

• Tell participants that misoprostol for treatment of incomplete abortion can be incorporated into an existing routine monitoring program.

• Ask participants to reflect (and possibly share) an experience when their health-care facility started a new service but didn’t have a monitoring system in place first. What happened? Why would it have been beneficial to have the system in place at the start?

• Show slide 11 (Misoprostol for Use in Postabortion Care: A Service Delivery Toolkit). If possible, provide a copy of this publication to each participant.

  Trainer’s Note: If the Misoprostol for Use in Postabortion Care: A Service Delivery Toolkit is available, review the Table of Contents and highlight the various tools listed. Review the following points about the toolkit:
  ▶ Written for clinicians, facility managers or program managers
  ▶ Can be used by all types of health facilities (i.e.: hospital, health center, clinic, maternity home)
  ▶ Can be adapted to the country level

• Show slide 12 (Models for Introduction/Integration of Misoprostol for PAC) and review the following points:
  ▶ Introduction of misoprostol in primary care even if vacuum aspiration is not available, as long as a referral network is in place.
  ▶ Integration into existing postabortion care services, so women can have a choice of preferred treatment technologies. Also, integration into emergency services and obstetrics and newborn care services.

• Show slide 13 (Service Delivery Diagram).
D. Documentation of Serious Complications/Adverse Events

• Show slides 14 and 15 (Documentation of Complications/Adverse Events) and review the following points:
  ▶ Good record-keeping is a part of helping monitor and improve quality of care. Records should be maintained by knowledgeable, trained staff and be completed at the time of service delivery whenever possible to maintain accuracy of events, protocols, etc.
  ▶ A serious adverse event (SAE) is one that is potentially life threatening, results in permanent impairment of body function or permanent damage to body structure, or necessitates medical or surgical intervention to preclude permanent impairment. Incomplete abortion inherently leads to some complications, many of which are easily treated; serious complications are rare in routine postabortion care.
  ▶ As part of continuous quality improvement, documentation and review of serious complications associated with treatment of incomplete abortion is encouraged, as it is for any health-care service.

• Ask participants if they have any remaining questions about service delivery and then transition to the next unit.
Unit 8:
Summary, Closing and Evaluation
Unit 8: Summary, Closing and Evaluation

Time
1 hour

Unit Objectives
By the end of this unit, participants should be able to:

- Describe clinical care steps for treatment of incomplete abortion with misoprostol.
- Dispel myths about misoprostol for treatment of incomplete abortion.
- Articulate feedback on the training course.
- Demonstrate knowledge acquisition from the course through a post-test.

Advance Preparation
- Prepare flipchart with Unit 8 Objectives (above).
- Prepare flipchart with Clinical Care Steps (see appendix).
- Create and make copies of MYTH/ TRUTH handout for alternative activity.

Materials

Materials:
- Blank flipchart paper and stand, markers, tape
- Pre-prepared flipcharts

Handouts:
- Drugs
- Myths and Truths
- Clinical Care Steps Checklist
- Provider Pocket Card
- Knowledge Post-Test
- Course Evaluation
- Certificates
A. Clinical care model for use of misoprostol to treat incomplete abortion

Introduce the module and review the unit objectives. Post flipchart: Objectives.

- Post flipchart of Clinical Care Steps
  - Conduct clinical assessment (exam, dating, eligibility)
    - Providers must be able to identify women in need of treatment for incomplete abortion.
    - Providers must be able to diagnose severe infection which would require immediate vacuum aspiration.
    - A woman with a uterus 12 weeks LMP or smaller is eligible for treatment.
  - Conduct uterine evacuation options counseling (including risks and benefits).
  - Obtain informed consent.
  - Review side effects and signs of complications with the woman.
  - Provide treatment (regimen, location of taking the pills, timing for misoprostol to work).
  - Provide family planning counseling.
  - Schedule follow-up appointment, if applicable.

- Distribute handouts of Clinical Care Steps Checklist and the Provider Pocket Card.
  - Review briefly as a quick course summary.

B. Myths and Truths Activity

- Tell participants that this activity will serve to explore myths and truths about using misoprostol for treatment of incomplete abortion.

  Trainer's note: See Unit 3 for instructions.

- Facilitate a short discussion around each statement using the handout to clarify any misconceptions.

  Trainer's note: trainer may also do the comfort continuum

C. Post-test and review

- Explain that participants will complete a post-test.
  - Distribute post-test and give participants approximately 30 minutes to complete it.
  - Review the correct answers with the group upon completion.
  - Answer any outstanding questions.
D. Closing and Evaluation

- Review course expectations, objectives and Parking Lot.

- Distribute course evaluation.

- Thank everyone for their participation and contributions to the workshop. Acknowledge the experience and expertise in the group.

- To formally conclude the workshop:
  - Have participants form a circle.
  - Ask participants to go around the circle and name one specific skill the workshop helped them improve and one thing they will do differently as a result of the training.

- Distribute the Certificates of Completion or Certificates of Competence (according to local practices and regulations).
  - Call one participant at a time.
  - Encourage applause for each person for their hard work and commitment to providing postabortion care.
  - Emphasize the investment made in each participant and the importance that they provide misoprostol as an effective option for women needing treatment for incomplete abortion.
Unit 8:
Summary, Closing and Evaluation
## For Participants
### Clinical Care Steps Checklist

<table>
<thead>
<tr>
<th>When providing treatment of incomplete abortion with misoprostol, a provider...</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures privacy during the visit.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Greets the woman in a friendly, respectful manner.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks if she came with someone and if she would like that person to join her in the information and counseling session (after the exam).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks about medical conditions and allergies to any medications.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks about her general health and reproductive history.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Determines last menstrual period (LMP).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks if she is having any vaginal bleeding (how much and for how long).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks if she is in any pain.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks if she has noticed any foul-smelling vaginal discharge.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks if she has any flu-like symptoms (fever, chills, fatigue).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Checks her vitals (temperature, blood pressure, pulse).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Performs a complete clinical assessment including a pelvic exam.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Establishes a diagnosis (confirm incomplete abortion, uterine size less than 12 weeks LMP and no complications).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If diagnosis is incomplete abortion, explains this to the woman in an empathetic, sensitive manner.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Confirms that she is eligible for misoprostol to treat incomplete abortion.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provides options counseling.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If she chooses misoprostol, provides information about:

- √ Dosage
- √ Route of administration
- √ Timing for medication to take effect
- √ Location of where to take pills
<table>
<thead>
<tr>
<th>When providing treatment of incomplete abortion with misoprostol, a provider...</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures she understands expected effects and possible side effects:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Light to moderate vaginal bleeding including clots for up to two weeks</td>
<td></td>
<td></td>
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<tr>
<td>✓ Chills, fever for one day</td>
<td></td>
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<tr>
<td>✓ Mild to moderate cramping</td>
<td></td>
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<tr>
<td>✓ Nausea/vomiting for a few hours</td>
<td></td>
<td></td>
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<tr>
<td>✓ Diarrhea</td>
<td></td>
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</tr>
<tr>
<td>Ensures she understands signs of complications and the need to return to the clinic or find emergency care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Severe vaginal bleeding (soaking two extra large pads per hour for more than two consecutive hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Heavy bleeding that starts after bleeding had stopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Lightheadedness or fainting after weeks of bleeding</td>
<td></td>
<td></td>
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<tr>
<td>✓ Fever for more than a day</td>
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<td></td>
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<tr>
<td>✓ Cramping or pain that is severe or does not improve with analgesics</td>
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<tr>
<td>✓ Foul-smelling vaginal discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains what to do in case of questions or problems at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides contact information if problem or emergency arises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains that if the misoprostol does not complete the abortion, she may need another dose or a vacuum aspiration procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discusses with the woman:</td>
<td></td>
<td></td>
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<tr>
<td>✓ Return to fertility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Contraceptive methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides misoprostol (and maybe analgesics) in clinic or to take home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discusses standards for a follow-up appointment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes any referrals for sexual or reproductive health needs (i.e. domestic violence, abuse, family planning)</td>
<td></td>
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## Misoprostol for Treatment of Incomplete Abortion Protocol

The purpose of this card is to provide information on the appropriate use of misoprostol for patients presenting with incomplete abortion.

### Inclusion Criteria
- Open cervical os
- Past/present history of vaginal bleeding
- Uterine size ≤ 12 weeks LMP

### Exclusion Criteria
- History of allergy to misoprostol or other prostaglandins
- Suspicion of ectopic pregnancy
- Signs of pelvic infection and/or sepsis
- Symptoms of hemodynamic instability or shock (pulse, decrease in blood pressure, pale, etc.)

### Precautions
- Women eligible for misoprostol, but with an IUD in place, should have the IUD removed before drug administration.
- Caution is advised when treating women with known bleeding disorders or currently taking anti-coagulants.
- Small amounts of misoprostol or its active metabolite may appear in breast milk. There are no known consequences of this and no adverse effects on nursing infants have been reported.

### Dosage and Administration
- A single dose of 600 mcg misoprostol orally OR
- A single dose of 400 mcg misoprostol sublingually (under the tongue)
- Analgesics or antibiotics may be provided if needed or indicated.

### Counseling
- If the woman wishes to become pregnant again, provide advice as to the best time to resume intercourse.
- If the woman wishes to avoid becoming pregnant in the near future, provide information on the various contraceptive methods available and encourage her to begin one immediately (condoms and hormonal methods can be provided at follow-up and begun immediately).
- Offer any other health services she may need such as testing or treatment for HIV/AIDS.

### Expected Effects
- Bleeding
- Pain/ cramping
- Gastrointestinal symptoms including diarrhea, nausea and vomiting
- Fever/chills
- Prolonged or serious effects and side effects are rare.

### Danger signs
The woman should seek immediate medical attention if she experiences any of the following:
- Fever or chills for more than 24 hours after initial treatment
- Abdominal pain that does not subside after analgesics
- Bleeding
  - if she soaks more than two extra large sanitary pads an hour for more than two consecutive hours
  - if she suddenly experiences heavy bleeding after bleeding has slowed or stopped for several days
  - if she has bled continuously for several weeks and begins to feel dizzy or light-headed

### Follow-up
- It may not be necessary to schedule routine follow-up visits
- Highest success rates are achieved with extended follow-up (7 to 14 days) to allow completion of expulsion.
- Vacuum aspiration is not recommended prior to 7 days after treatment unless medically necessary.
- If the abortion is still incomplete at follow-up, based on provider judgment and the woman’s preference:
  - Administer additional dose of misoprostol and schedule a follow-up visit in one week or vacuum aspiration.
For Participants
Myths and Truths

Statement: Misoprostol is an appropriate treatment for women in rural areas.

TRUTH: In fact, it may be the most appropriate treatment choice for rural women because it can be provided by mid-level providers in the absence of vacuum aspiration and ultrasound. If a treatment facility is unable to provide vacuum aspiration in the event of method failure, a referral clinic can provide this care.

Statement: Only physicians can administer misoprostol for treatment of incomplete abortion.

MYTH: Given the nature of misoprostol treatment (oral medication), trained non-physician health workers can be effective treatment providers, increasing the number of providers. In some areas, nurses, midwives and other non-physician trained providers are already using misoprostol for treatment of incomplete abortion.

Statement: Ultrasound is not necessary prior to and after misoprostol for treatment of incomplete abortion.

TRUTH: Clinical history and examination are sufficient for diagnosis of incomplete abortion, and complete evacuation can be assessed in the same way.

Statement: Women should be observed at the clinic following administration of misoprostol or until the abortion is complete.

MYTH: There is no medical reason to observe women in the hospital or clinic following the administration of misoprostol. Women can be sent home with misoprostol to administer later or immediately after taking it at the clinic. They should be informed of the potential side effects, how to handle them, and when to seek additional care.

Statement: Misoprostol has a higher rate of excessive bleeding compared to vacuum aspiration methods.

MYTH: Excessive bleeding requiring transfusion is no more likely to result from misoprostol for treatment of incomplete abortion than from vacuum aspiration. Some research shows that more women report heavy bleeding using misoprostol compared to vacuum aspiration while other research finds the bleeding patterns to be similar. In any case, women should be informed of what to expect following treatment with misoprostol and when to seek care for heavy bleeding.
Statement: Misoprostol is not an appropriate treatment if the provider suspects that the woman may have interfered with her pregnancy.

MYTH: If a woman presents with signs of severe infection she should be treated with vacuum aspiration. Otherwise, misoprostol can be offered for treatment even if the drug was used to induce the abortion. Repeated misoprostol doses for treatment of incomplete abortion have been reported with no adverse effects.

Statement: Many women report high satisfaction with misoprostol for treatment of incomplete abortion.

TRUTH: Satisfaction levels are high among women receiving treatment with misoprostol. Most women report that they would choose misoprostol if treatment were needed again in the future.

Statement: Surgical skills are not needed to offer misoprostol.

TRUTH: Basic clinical skills to assess, diagnose and perform clinical pelvic exams are necessary. Surgical skills are not required.

Statement: More than nine out of 10 women who were previously referred to a higher level of care will not require referral once misoprostol is available.

TRUTH: Misoprostol can make treatment of incomplete abortion available to women in areas where they previously would have had to travel to higher level facilities for postabortion care.

Statement: Misoprostol is not safe for a woman who has never given birth and is experiencing a miscarriage.

MYTH: Misoprostol is a safe method for women experiencing a miscarriage who have never given birth.

Statement: Women who have had a previous cesarean section should not use misoprostol to treat incomplete abortion.

MYTH: There is no clinical reason to withhold misoprostol for treatment of incomplete abortion in women with a previous cesarean section. A uterus of less than 12 weeks LMP in size will ensure that misoprostol remains safe for women with uterine scars.
**Statement:** It is common for women who receive misoprostol to treat incomplete abortion to become anemic.

**MYTH:** Data show no clinically significant difference in change in hemoglobin between women treated with misoprostol or with MVA. Very few women had clinically significant drops in hemoglobin.

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**Statement:** Women should be routinely given antibiotics along with misoprostol.

**MYTH:** Routine antibiotic coverage is unnecessary. Local norms should be followed. The provider may determine that the woman requires antibiotic coverage based on her history or her clinical exam.

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**Statement:** All women who receive misoprostol to treat incomplete abortion should have a follow-up exam.

**MYTH:** Few follow-up visits prove medically necessary. However, it is important to educate the woman about signs of infection and prolonged heavy bleeding so that she will know when to return to a facility for care.

---

**Statement:** During a follow-up visit, women who undergo ultrasound and present thickening of the endometrium but no debris should receive vacuum aspiration.

**MYTH:** Studies have shown that the thickness of the endometrium is not a good predictor of the need for vacuum aspiration. It is recommended that the decision to perform vacuum aspiration be based on clinical signs rather than ultrasound findings.

---

**Statement:** If the abortion is not complete at a follow-up visit, it is safe to give the woman another dose of misoprostol and ask her to return one week later.

**TRUTH:** If she is clinically stable and willing to continue to wait for her uterus to evacuate, she can be offered another dose of misoprostol.
Circle **ALL** correct answers (*there may be more than one correct answer*).

1. What are the preferred methods for uterine evacuation in the first trimester according to the World Health Organization (WHO)?
   a) Medical abortion
   b) Sharp curettage
   c) Vacuum aspiration
   d) Uterotonic instillation

2. Why does misoprostol for incomplete abortion have the potential to improve access to safe abortion, particularly in settings where only limited or no uterine evacuation services are currently available?
   a) It is simple and easy to use.
   b) Mid-level providers can be trained to give information and the medicines.
   c) The drugs do not need refrigeration.
   d) It can only be provided in the clinic.

3. Why do many women feel that misoprostol is highly acceptable for treatment of incomplete abortion?
   a) Misoprostol can be taken at home or in a safe place outside the clinic.
   b) It may avoid instrumentation and anesthesia.
   c) There will be no bleeding.
   d) It can be less painful for some women.

4. Excluding medical conditions, what criteria below would make a woman a potential candidate for misoprostol for incomplete abortion?
   a) She understands the process and can follow the steps.
   b) She has received information on all options and selects misoprostol for incomplete abortion.
   c) She is unwilling to sign the legally required consent form.
   d) She agrees to undergo vacuum aspiration if medical treatment of incomplete abortion fails.

5. Which of the following are contraindications to misoprostol for incomplete abortion?
   a) Suspected ectopic pregnancy
   b) HIV/AIDS
   c) Allergy to the medicine
   d) Breastfeeding
6. What is the sublingual route of taking misoprostol?
   a) Swallowing the pills
   b) Putting the pills inside the vagina
   c) Putting the pills under the tongue
   d) Putting the pills between the cheek and gum

7. What are misoprostol’s effects on the uterus and cervix?
   a) Cervical ripening
   b) Increases pregnancy hormones
   c) Uterine contractions
   d) Decreases uterine tone

8. Which one of the following statements is false? When estimating uterine size for misoprostol for incomplete abortion...
   a) The uterus feels smaller than a 10cm citrus fruit on bimanual exam with an empty bladder.
   b) The uterus can be smaller than expected by LMP if some or most POCs have already been expelled.
   c) Uterine fibroids may result in the uterus feeling larger on exam than expected by LMP.
   d) Retroversion of the uterus, obesity, or a full bladder can make assessment of uterine size more difficult and/or less accurate.

9. Which single statement below is true?
   a) Nausea and vomiting never occur after using misoprostol for incomplete abortion.
   b) All women experience gastrointestinal side effects after using misoprostol for incomplete abortion.
   c) Bleeding is not a side effect, it is an expected effect after using misoprostol for incomplete abortion.
   d) Experience of cramping or pain after using misoprostol for incomplete abortion is quite similar for all women.

10. What are the warning signs of complications?
    a) Excessive bleeding, soaking more than two extra-large sanitary pads per hour for more than two consecutive hours
    b) Fever any day after the day misoprostol is used.
    c) Unusual or foul-smelling vaginal discharge, especially if accompanied by severe cramps or abdominal pain
    d) Mild nausea and vomiting

11. Which contraceptive methods can be started on the day of taking misoprostol?
    a) Oral pills
    b) Injectables
    c) IUDs
    d) Implants
12. What are side effects that women may frequently experience after taking misoprostol?
   a) Nausea, diarrhea, fever, chills
   b) Nausea, diarrhea, itching
   c) Nausea, fever, chills, nosebleeds
   d) Fever, chills, blurred vision, diarrhea

13. Possible complications after treatment of incomplete abortion with misoprostol include:
   a) Mild cramping
   b) Excessive bleeding
   c) Uterine perforation
   d) Pelvic infection

14. Information for women about misoprostol for incomplete abortion should include:
   a) The range of normal bleeding expected
   b) Possible side effects after taking misoprostol
   c) Warning signs for which the woman should contact her provider
   d) To take a pregnancy test before her follow-up visit

15. Which of the following are useful approaches to pain management for misoprostol for incomplete abortion?
   a) Non-narcotic and narcotic analgesics
   b) Ibuprofen with or without codeine
   c) General anesthesia
   d) Hot water bottle or cloths on the lower abdomen or lower back

16. A woman should notify her health-care provider if she has bleeding that...
   a) Soaks more than two extra-large sanitary pads per hour for more than two consecutive hours.
   b) Is accompanied by the passage of clots.
   c) Has continued for several weeks and she begins to feel dizzy or lightheaded.
   d) Starts within one hour of taking misoprostol.

17. What is the purpose of a follow-up visit?
   a) To detect and manage any complications
   b) To ensure that treatment was successful
   c) To provide routine antibiotics
   d) To address any other health concerns the woman may have
18. What is a symptom of ectopic pregnancy?
   a) Feeling cold all over
   b) Persistent fever
   c) Lower abdominal pain (frequently one-sided)
   d) Foul-smelling discharge

19. What are the disadvantages of using ultrasound to confirm abortion completion?
   a) It is expensive and not always available.
   b) Over-interpretation of ultrasound images
   c) It is not useful for establishing intrauterine pregnancies.
   d) There are no disadvantages and, when available, ultrasound should always be used.

20. What factors should be in place to provide quality care for women?
   a) Client information that is simple and clear
   b) Medications and supplies for misoprostol for incomplete abortion provision
   c) Monitoring and evaluation system
   d) Allowing women a choice between misoprostol for incomplete abortion and MVA where available

21. What does it mean to allow women to take misoprostol at home or in a safe place?
   a) The treatment will not be as safe.
   b) They can have family or friends present for support if they wish.
   c) They can have their personal belongings with them.
   d) The treatment may not be as effective as in the clinic.

22. What should be provided for all women undergoing treatment with misoprostol for incomplete abortion?
   a) Contact information in case of questions or emergencies
   b) Information on warning signs
   c) Sterilization procedure
   d) Follow-up visit appointment
For Trainers
Pre/Post Test Answer Key

Answers are in bold and unerlined.

Circle all correct answers (there may be more than one correct answer).

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Course Objectives

• Define postabortion care (PAC) and list its essential elements.

• Explain why the use of misoprostol to treat incomplete abortion is an important component of comprehensive PAC services.

• Describe the efficacy, safety, and acceptability of misoprostol in treating incomplete abortion.

• Explain how misoprostol compares to other treatment options.

• Describe a complete clinical assessment.

• Explain the eligibility criteria, contraindications, and regimens including dose, timing and route for using misoprostol to treat incomplete abortion.

• Describe management of side effects and possible complications.

• Counsel women about differences between uterine evacuation methods, timing and location choices for use of misoprostol to treat incomplete abortion, what to expect, consent, psychological needs, etc.

• Identify women’s medical eligibility for contraceptive methods after receiving misoprostol to treat incomplete abortion and describe contraceptive choices.

• Describe signs of successful misoprostol treatment.

• List the facilities, supplies, provider requirements and staff training necessary to provide misoprostol for treatment for incomplete abortion.

• Discuss the basics of monitoring the performance of providers and the improvement of quality of services, noting key source document for further study and articulate the importance of good record-keeping and documentation of complications and adverse events.

• Describe integrating misoprostol into existing postabortion care services.

• Describe clinical care steps for treatment of incomplete abortion with misoprostol.
### Course Evaluation

<table>
<thead>
<tr>
<th>Rating</th>
<th>The training course fulfilled its objectives (see above).</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<tr>
<td>4</td>
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*Comments:*

<table>
<thead>
<tr>
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</table>

*Comments:*

Because of this workshop I feel confident in my ability to provide misoprostol to eligible women as a treatment option for incomplete abortion.

*Comments:*
Additional Questions

Three things I plan to do differently in my practice after attending this workshop are:

1.

2.

3.

What parts of the training were most useful to you as a provider?

What parts of the training were least useful to you as a provider?

Is there anything the workshop agenda should have included or covered in more detail?

Is there anything that should have been removed from the workshop agenda or covered in less detail?

General Comments:
References


Overview of Postabortion Care (PAC) and Misoprostol for Treatment of Incomplete Abortion
Objectives

By the end of this unit, participants should be able to:

• Define postabortion care (PAC) and list its essential elements
• Explain why the use of misoprostol to treat incomplete abortion is an important component of comprehensive PAC services
• Describe efficacy, safety, and acceptability of misoprostol in treating incomplete abortion
• Explain how misoprostol compares to other treatment options
• Distinguish between missed abortion versus incomplete abortion
What is Postabortion Care (PAC)?

• Series of medical and related interventions designed to manage the complications of spontaneous and induced abortion (both safe and unsafe) and address women’s related health care needs.

• PAC is a global initiative to reduce maternal morbidity and mortality and to improve women’s sexual and reproductive health and lives.

• Model of care that consists of five elements

• Considered a priority based on several international conferences on Population and Development
5 Essential Elements of PAC

1. Community and provider partnerships
2. Counseling to respond to women’s needs
3. Treatment of incomplete and unsafe abortion
4. Contraceptive and family planning services
5. Reproductive and other services
Advantages of PAC

• Can be included in the existing range of services or as a separate, vertical service
• Is acceptable where induced abortion is legally restricted
• Links curative service (treatment for complications) with preventive service (i.e. family planning)
• Can be offered successfully in low resource settings
Essential Element for PAC: Treatment

- This training will focus on using misoprostol to treat incomplete abortion.

- Incomplete abortion may have occurred as a result of a spontaneous abortion (miscarriage) or self-induced abortion.

- Missed abortion/anembryonic gestation can also be treated with administration of misoprostol. It is diagnosed through ultrasonography and is defined as pregnancy in which there is no embryo (empty sac) or unrecognized fetal death.
Treatment Options

- Expectant Management
- Vacuum Aspiration: Electric or Manual
- Medication
- Sharp Curettage (not a WHO recommended method)
Medication to Treat Incomplete Abortion

What is Misoprostol?

• A synthetic prostaglandin that stimulates uterine contractions and causes uterine evacuation. It is inexpensive and stable at room temperature

• Is available in many countries for the prevention and treatment of gastric ulcers

• For postabortion care, oral and sublingual routes are most effective

• Most commonly available in 200 mcg or 100 mcg tablets
Misoprostol: Mechanism of Action

- It provokes uterine contractions which empty the uterus
- It ripens the cervix which stimulates the uterus
Misoprostol: Effects on the Uterus and Cervix

- Cervical Ripening
- Cervical Dilation
- Increase in Uterine Tone
- Uterine Contractions
Misoprostol: An Important New Treatment for PAC

- Highly effective
- High levels of patient acceptability
- Inexpensive and widely available
- Stable at room temperature
- Simple to administer, pill option
- Can be provided as outpatient procedure and may be offered at the community level
- Can be integrated into existing PAC services or as separate service where no other treatment options exist
“With respect to use of misoprostol for the treatment of incomplete abortion, the Committee decided that the evidence showed that misoprostol is as effective as surgery and in some settings may be safer as well as cheaper and therefore recommended inclusion of the 200 micrograms tablet … for management of incomplete abortion and miscarriage”

- Misoprostol is included in the World Health Organization (WHO) essential medicines list (EML) for treatment of incomplete abortion (April 2009)
- Many international regional and international professional associations offer guidelines on its use (i.e. FIGO, FLASOG, ACOG)

Challenges with current treatment options for PAC

Expectant management
- Time to spontaneous expulsion is unpredictable
- Some women might prefer an active approach

Active management with vacuum aspiration
- Involves maintenance of equipment, training of providers, costs of equipment
- Not available in all settings or to all providers within certain settings.
Misoprostol Efficacy

- Successful use of misoprostol implies complete evacuation of the uterus without recourse to further intervention.
- Studies show a success rate between 91-99%.
Misoprostol: Safety

- Has been safely used by millions of men and women worldwide since 1988 for prevention of gastric ulcers associated with chronic NSAID use.
- Has been used safely in many countries for treatment of incomplete abortion.
- It is NOT associated with long-term effects on women’s health, prolonged or serious side effects.
Misoprostol: Acceptability

- High levels of acceptability reported among women and providers
- Over 90% of women surveyed in low-resource settings in multiple countries report being “very satisfied” or “satisfied”
## Comparing Misoprostol and Vacuum Aspiration

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Medical Intervention</th>
<th>Vacuum Aspiration</th>
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<tbody>
<tr>
<td></td>
<td>Avoids instrumentation, anesthesia</td>
<td>Quicker</td>
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<td></td>
<td>More natural, like menses</td>
<td>More certain</td>
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<tr>
<td></td>
<td>Less painful to some women</td>
<td>Less painful to some women</td>
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<td></td>
<td>Easier emotionally for some women</td>
<td>Easier emotionally for some women</td>
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<tr>
<td></td>
<td>Can be provided by mid-level staff</td>
<td>Can be provided by mid-level staff</td>
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<tr>
<td></td>
<td>Woman can be more in control, involved</td>
<td>Woman can be less involved</td>
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</table>

<table>
<thead>
<tr>
<th>Disadvantages</th>
<th>Medical Intervention</th>
<th>Vacuum Aspiration</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Bleeding, cramping, nausea (actual or feared)</td>
<td>Invasive</td>
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<tr>
<td></td>
<td>Waiting, uncertainty</td>
<td>Can be more painful to some women</td>
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<tr>
<td></td>
<td>Depending on protocol, more or longer clinic visits</td>
<td>Small risk of uterine or cervical injury</td>
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<tr>
<td></td>
<td>Cost/availability</td>
<td>Small risk of infection</td>
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<tr>
<td></td>
<td></td>
<td>Loss of privacy, autonomy</td>
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<tr>
<td></td>
<td></td>
<td>Cost/availability</td>
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</table>
Misoprostol and Missed Abortion

- Pregnancy in which there is no embryo (empty sac) or unrecognized fetal death
- Diagnosed by ultrasonography
- Defined as a pregnancy in which an embryo or fetus is no longer living and growing
- Women generally have little or no bleeding and no other overt signs or symptoms
- May be diagnosed when a woman has a closed cervix and a uterus that does not increase over time
Summary

- PAC manages complications from both spontaneous and induced abortion, both safe and unsafe.
- One of the 5 essential elements of PAC is Treatment.
- Recommended Treatment options for incomplete abortion in the first trimester include: Expectant Management, Vacuum Aspiration, (electric and manual) and Medication (misoprostol).
• Misoprostol stimulates uterine contractions to cause an uterine evacuation
• Misoprostol is safe, effective and highly acceptable to women and providers
• Misoprostol is an important new treatment option because it can increase access to services (pill option, widely available, inexpensive, can be used in low-resource settings on an out-patient basis)
DIAGNOSIS OF INCOMPLETE ABORTION
Objectives

By the end of this unit learners should be able to:

• Describe a complete clinical assessment
• Explain the eligibility criteria for using misoprostol to treat incomplete abortion
• Describe contraindications to misoprostol use to treat incomplete abortion
Typical Ways Women Present for PAC Services

• Ambulatory
• Complaining of vaginal bleeding and/or pelvic pain
• Possibly complaining of fever and/or chills
Who Is Eligible for Misoprostol?

- Women with diagnosed incomplete abortion whose **uterine size is less than 12 weeks LMP**
  - Open cervical os
  - Vaginal bleeding or history of vaginal bleeding during this pregnancy
- Spontaneous or induced
- Women with general good health, without signs of shock or infection
- Women who are breastfeeding
Who is NOT Eligible for Misoprostol

- History of allergy to misoprostol or other prostaglandin
- Suspicion of ectopic pregnancy
  - Women with suspected ectopic pregnancies should be referred for appropriate treatment
- Women with in IUD in place (once removed woman is eligible)
Who is NOT Eligible for Misoprostol (continued)

Women with signs of pelvic infection and/or sepsis

• Evaluate the woman for significant uterine tenderness
• Fever >38°C
• Foul-smelling discharge
Women with symptoms of hemodynamic instability or shock

- Assess woman’s appearance. Does she look well? Is she alert? Is she pale, anxious, sweaty?
- Assess the woman’s blood pressure/pulse. Women with very low systolic blood pressure and very high pulse rates may need vacuum aspiration.
When Should MVA be Performed Instead of Misoprostol?

If a woman is experiencing severe hemorrhage with signs of hemodynamic instability

- MVA may stop the bleeding more quickly
- The woman may need fluid or blood replacement

Note: If MVA is not available, misoprostol should be administered and IV fluids should be started while her transfer to a higher-level facility is being arranged
When MVA Should Be Performed Instead of Misoprostol? (continued)

If a woman is experiencing sepsis or signs of severe pelvic infection
  • MVA would empty her uterus quickly

Note: Antibiotics should be given so her infection can be treated and she may need to be transferred to a high-level facility
Goals of the Clinical Assessment

- Making sure that the woman’s condition is appropriate for care at current facility, i.e. she does not require higher level of care
- Establish and woman’s preference
Four Components to a Clinical Assessment

- Patient History
- Physical Exam
- Lab Tests (usually not necessary)
- Ultrasound (usually not necessary)
Patient History

First step…. ask about the woman’s

• Reason for visit
• LMP
• Bleeding history of the pregnancy
Physical Exam: Assess Her Appearance and Take Vital Signs

- Does woman look well or sick?
- Are her vital signs within normal limits?
Physical Exam: Estimate Uterine Size

For proper examination of a woman’s uterine size, she should first empty her bladder

- Must be less than or equal to size of a pregnancy of 12 weeks’ gestational age
- The uterus on bimanual exam, with an empty bladder, should feel no larger than a 12cm citrus fruit
Physical Exam:
Is The Cervical Os Open?

- An open cervical os indicates recent or ongoing passage of uterine contents
- If products are visible at the os, then it is open
Lab Tests

- Empirical assessment of blood loss by:
  - Assessing the woman’s physical appearance for pallor
  - Presence of fast pulse
  - Low blood pressure
  - Paleness of conjunctivae and nail beds

- No routine lab work is required
Ultrasound: Advantages

- Can establish presence of intrauterine pregnancy
- May be helpful establishing gestational age
Ultrasound: Disadvantages

- Can lead to unnecessary and excessive intervention
- Over-reliance on ultrasound can diminish clinical skills
- Expensive and not always available
- Quality of images varies depending on type of machine and sonographer’s skills
- Interpretation (diagnosis) is highly dependent on skills and experience of sonographer
- Ultrasound is not essential to provide misoprostol for treatment of incomplete abortion
Ultrasound

- Experience has shown the safety and efficacy of using misoprostol to treat incomplete abortion in the absence of routine ultrasound
- Misoprostol can be offered in PAC facilities and at levels of care that lack ultrasound equipment or where ultrasound is too costly
- Diagnosis can be based on clinical history and examination
- A woman can be referred for ultrasound if a provider is uncertain of diagnosis
Signs and Symptoms of Shock

- Current or recent excessive vaginal bleeding
- Fast pulse with low blood pressure
- Pale, cool skin but sweating
- Fast breathing
- Anxiety, restlessness
- Unconsciousness, feeling faint, or disoriented
- Shortness of breath
Signs and Symptoms of Sepsis

- Fever (38°C or more)
- Chills, sweats (with or without fever)
- Feels very ill, close to collapse
- Fast pulse with low blood pressure
- Lower abdominal pain, bloating, nausea, diarrhea
- Shortness of breath/ respiratory distress
- Symptoms of pelvic infection
Case Study 1

- Presenting complaints: painful cramping and intermittent bleeding for 5 days
- Age 38
- 8 weeks since LMP
- Parity = 5
- Appears well
- Previous pubal ligation
- Uterine tenderness upon examination
Case Study 2

- Presenting complaints: chills, nausea, abdominal pain, bleeding for 2 days
- Age 25
- Parity = 5
- 14 weeks since LMP
- Heavy bleeding x 2 weeks
- Anxious, pale, clammy. Nearly faints when she moves from chair to exam table.
- VS BP 80/50 HR 116 Temp 39°C
- Uterine size 11 weeks, uterus and cervix tender
- On exam, vaginal vault is full of blood and flow of bright blood seen from open os
- Cervix open
Case Study 3

- Presenting complaints: moderate bleeding for 10 days and pain similar to uterine contractions
- 32 years old
- Parity = 2
- 12 weeks since LMP
- Appears well
- VS BP 120/90 HR 88 Afebrile
- Uterine size 8 weeks, non-tender
- Cervix open and has minimal tenderness with motion and foul-smelling discharge
Case Study 4

- Presenting complaints: severe pain for 2 days and moderate bleeding for 2 weeks
- 38 years old
- Parity = 3
- 10 weeks since LMP
- VS BP 80/40 HR 106 T 38°C
- Flushed, anxious; uterine size 14 weeks, firm but somewhat tender
- Open, non-tender os
Treatment of Incomplete Abortion Using Misoprostol
By the end of this unit, participants should be able to:

- Discuss misoprostol regimens including dose, timing and route of administration for treatment of incomplete abortion
- Describe management of side effects and possible complications
Recommended Regimens of Misoprostol for Treatment of Incomplete Abortion

<table>
<thead>
<tr>
<th>Dose of Misoprostol</th>
<th>Routes of Administration</th>
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<tbody>
<tr>
<td>600 mcg</td>
<td>Oral, single dose</td>
</tr>
<tr>
<td>400 mcg</td>
<td>Sublingual, single dose</td>
</tr>
</tbody>
</table>
Dosing and Timing

• It is not necessary to provide a repeat dose of misoprostol within short intervals as this does not improve efficacy rates.

• Success is independent of gestational age at the time of miscarriage-abortion.
Timing and Location

The following should be taken into consideration:

• Clinic hours
• Women’s preferences
Regimen Choice Considerations

A lower dose (400 mcg vs. 600 mcg) may be advantageous in settings where the cost of misoprostol is high.
Clinical Care Steps

- Regimen
- Location of taking the pills
- Timing for misoprostol to work
- Role of antibiotics
Regimen: Oral Route

Three 200mcg pills should be swallowed together with water

(copyright Stephen C. Edgerton)
Regimen: Sublingual Route

- Hold the pills under tongue until they dissolve.
- Any remaining pill fragments can be swallowed with water if they have not already dissolved within 30 minutes.

(copyright Stephen C. Edgerton)
• The woman can take misoprostol at the clinic or at home
  – Depends on the healthcare system, provider and patient preference
• No medical reason to observe the woman in the clinic following misoprostol administration
Timing for Misoprostol to Work

- Usually works in a few hours with some additional bleeding later to evacuate the uterine contents. In rare instances it can take up to two weeks.
- Important to counsel the woman that this process may take time.
- Total efficacy rates increase when the follow-up assessment is done one week after taking misoprostol.
Role of Antibiotics

- Not recommended or necessary to be given routinely
- If a reproductive tract infection is suspected (through history, a physical examination, or testing), antibiotics should be administered using local protocols
Expected Effects and Side Effects

- Well-studied
- Generally easy to manage
- Each woman should be made aware and informed on how to manage
- Prolonged or severe side effects are RARE
- Bleeding and cramping are expected effects
- Range of experiences with bleeding and pain/cramping
Expected Effect: Bleeding

- Usually on Day 1, generally within 1 hour of taking misoprostol
- Normally continues up to 2 weeks (5-8 days is typical)
- Spotting can continue up until the next menstruation
- May be accompanied by the passage of clots
Managing Bleeding

Women should be counseled to contact her provider in any of these situations:

• She soaks more than 2 extra large sanitary pads (or equivalent) per hour for more than 2 consecutive hours

• She has bled continuously for several weeks and begins to feel dizzy or light-headed
Expected Effect: Cramping, Pain

- Can begin within 30 minutes after taking misoprostol and usually starts within the first few hours
- Pain levels vary greatly among women
- Pain may be stronger than what is expected during regular menstrual period
Managing Cramping, Pain

- NSAIDS or other analgesia can be used for pain relief
- NSAIDS may be taken simultaneously with misoprostol or when the woman feels she needs pain relief for cramping
Potential Side Effect: Fever, Chills

- Chills are common and short lived
- Fever is less common and does not necessarily indicate infection
Managing Fever, Chills

- Provide reassurance that fever and chills are common side effects
- An antipyretic can be used to relieve fever, if needed
- If fever or chills persist beyond 24 hours after taking misoprostol, she may have an infection and should seek medical attention
Potential Side Effect: Nausea/Vomiting

- Some women experience nausea and/or vomiting after taking misoprostol
Managing Nausea/Vomiting

- Reassurance that it will resolve 2 to 6 hours after taking the pills
- If the symptoms are severe or last longer than 6 hours, an anti-emetic can be used
Potential Side Effect: Diarrhea

- May occur after taking misoprostol but should resolve within a day

(Copyright Kwikpoint)
Managing Diarrhea

• Reassure the woman that it will resolve within a day after taking the pills
Case Study 1

- 25 year old woman, 9 weeks gestation
- Presents with an open cervix, moderate bleeding, and pregnancy tissue stuck in the os
- HCP removed tissue from the os and administered misoprostol 600mcg orally that she took at the clinic and went home
- 4 hours after misoprostol she calls reporting slight nausea and vomiting
• 5 days later, she calls to report heavy bleeding on the day she took misoprostol and ongoing regular to light bleeding since

• Follow-up is scheduled in 2 days
Case Study 2

- 18 year old woman, 11 weeks gestation, open os
- Sent home with oral misoprostol
- 3 days later she calls to report heavy period-like bleeding since taking the pills and has changed sanitary pads 4 times today
Possible Complications

- **Symptomatic** retained tissue in the uterus
- Very heavy bleeding
- Infection
Symptomatic retained intrauterine tissue (signs of infection and/or persistent cramping and/or heavier than expected bleeding) are a possible complication for women.
Managing Complications: Symptomatic Retained Tissue in the Uterus

• If the woman is showing **significant** symptoms (signs of infection, persistent cramping or severe bleeding):
  – Should be referred or undergo vacuum aspiration

• If the woman has **mild** symptoms (cramping or bleeding somewhat heavier than expected), offer these options:
  – Another dose of misoprostol, or
  – Vacuum aspiration, or
  – Wait, follow-up in 1 week
Possible Complications: Very Heavy Bleeding

- Heavy and/or prolonged bleeding that causes a significant change in hemoglobin is uncommon
Managing Complications: Very Heavy Bleeding

- Evacuate the uterus completely through vacuum aspiration
- Administer intravenous fluids if there is evidence of hemodynamic compromise
- Provide blood transfusion only when clearly medically indicated
- If this is not possible, she should be referred to another care setting
Possible Complications: Infection

- Documented endometrial and/or pelvic infection is rare
- If infection is suspected the woman should have a clinical exam
Managing Complications: Infection

- If she has signs of sepsis or severe infection the woman should be given immediate vacuum aspiration and antibiotic coverage. If not possible, refer to a care setting capable of managing severe infection.
- Severe infections could require hospitalization and parenteral antibiotics.
Referral System

- Written referral plan must be carefully constructed
- The plan safely and smoothly navigates the woman through the appropriate levels of care
- It includes primary level facilities up to the highest-level site that can treat women appropriately
- Prompt communication within the facility and between facilities is key
- Rapid transfer within the facility and between facilities
<table>
<thead>
<tr>
<th>Warning Signs</th>
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<tr>
<td>• Fever that presents 24 hours after treatment</td>
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<tr>
<td>• Severe abdominal pain that is not relieved after taking analgesics</td>
</tr>
<tr>
<td>• Severe vaginal bleeding</td>
</tr>
<tr>
<td>• Bleeding socks more than 2 extra-large sanitary pads or equivalent per hour for more than 2 consecutive hours</td>
</tr>
<tr>
<td>• If bleeding has continued for several weeks and the woman feels lightheaded or dizzy.</td>
</tr>
</tbody>
</table>
Clinical Care Steps include:

- **Regimen**
  - 600 mcg oral
  - 400mcg sublingual

- **Location of Taking the Pills**
  - clinic or home

- **Timing for Misoprostol to work**
  - Misoprostol can take anywhere between a few hours and two weeks to evacuate the uterus
Expected effects may include:
- Bleeding
- Pain, cramping

Potential Side Effects may include:
- Fever and/or Chills
- Nausea and vomiting
- Diarrhea
Possible Complications include:

- Symptomatic retained tissue in the uterus
  - **Significant** symptoms: immediate vacuum aspiration
  - **Any** symptoms: Wait one week or immediate vacuum aspiration or another dose of misoprostol

- Very heavy bleeding
  - Immediate vacuum aspiration, IV fluids

- Infection
  - Clinical evaluation, immediate vacuum aspiration, antibiotics
Unit 5

Counseling and Information Provision
What is Counseling?

Counseling involves a structured interaction where a woman receives emotional support and guidance from a trained person in an environment that is conducive to openly sharing her thoughts, feelings and perception.
Voluntary Informed Consent

- Determine if the woman is capable of understanding
- Full information given to the woman, using non-technical language
- Explain any procedures, medications, or risks of future treatment
- Benefits, risks, alternatives discussed
- Women have the opportunity to ask questions and receive satisfactory answers
- The woman freely gives permission to move forward
Process for Informed Consent

- Include her partner, family, friend ONLY if she desires
- Encourage her to ask questions, discuss
- Ask her to summarize the information
- Have her, or her representative sign for treatment
High Quality Contraceptive Services

• All women should be informed that they could become pregnant again within 10 days.

• Incomplete abortion can result from spontaneous abortion or induced pregnancy.
  – Therefore, some women may be seeking contraception to prevent unintended pregnancy, while others may want information on becoming pregnant again.

• It is most effective to both offer contraceptive counseling and dispense contraceptive methods of the woman’s choice at the clinic, at the time of treatment.

• Provide fertility counseling of the loss was of a desired pregnancy.
• Contraceptive counseling can be conducted before or after the woman receives treatment for her incomplete abortion.
  – Women may be fitted or re-fitted for a method, request a new method, or want resupply during her visit.

• Contraceptive counseling should take place in a private place
Informed Choice

- Have the right to choose a method voluntarily, without pressure.
- Variety of methods available to choose from or be referred to a facility with additional choices.
- Women should never feel obligated to accept contraception or a specific method.
Eligibility for Contraceptive Methods After Treatment with Misoprostol for Incomplete Abortion

• Most methods can be used immediately
• Recommend to women not to have intercourse or put anything into their vagina until the bleeding has stopped.
• Natural family planning is not recommended until a menstrual pattern returns, which for some women could take months.
Other Reproductive Health Linkages

- Sexually Transmitted Infection (STI)/Human immunodeficiency virus (HIV) education, testing and treatment
- Recurrent spontaneous abortion (miscarriage)
- Hygiene education
- Referral and counseling for cases of sexual and/or domestic violence
- Screening for anemia, cancer or breast cancer, and nutritional deficiencies
- Prenatal care for desired pregnancy
- Female genital cutting (FGC)
- Youth-focused resources
Follow-Up Visit
Objectives

By the end of this unit, participants should be able to:

• Describe the reasons an in-person follow-up visit may not always be necessary
• Discuss follow up needs in various situations
• Describe signs of successful misoprostol treatment
Objectives (continued)

- List signs of infection or other complications and identify need to treat or need for referral as appropriate
- Answer any questions or concerns from women related to incomplete abortion
- Counsel, treat or refer for any other health needs
Few women require additional medical care during follow-up visit, so an in-person visit may not be necessary.

In-person follow-up can be an opportunity to ensure the treatment was successful, to detect and manage any complications, and to address concerns or other health needs of the woman.

Treatment of incomplete abortion with misoprostol is highly effective and complications are rare.
Alternative Follow-up Procedures

- Evidence that the majority of women accurately assess that their incomplete abortion has resolved after treatment with misoprostol
- Phone interviews and self-assessment guides
  - To evaluate the course of the abortion and signs of complications
- Educate women about the signs and symptoms of infection and other problems, so that she will know when a follow-up visit is needed
Timing of the Follow-up Visit

- The process can vary from one day to several weeks.
- Follow-up visit should be scheduled no less than 7 days after misoprostol administration.
- Intervention with vacuum aspiration prior to 7 days is not recommended (unless medically necessary for hemostatic or infection control).
- For women who do not return, a telephone follow-up may be a good initial way to assess the woman’s status.
- Women should be advised that medical help can be sought at any point during treatment.
What Happens at the Follow-up Visit?

• Interview the woman about symptoms following treatment to assess treatment success
  - Check to see if her bleeding was in the normal range:
    ✓ Lighter than a menstrual period to much heavier than a menstrual period
    ✓ Passage of clots or tissue
What Happens at the Follow-up Visit? (continued)

• Examine the woman’s physical status and perform a pelvic exam
What Happens at the Follow-up Visit? (continued)

• Signs of successful treatment during pelvic exam:
  - Minimal or absent bleeding
  - Normal uterine size (small, firm)
  - Nontender uterus and adnexae and no cervical motion tenderness
  - Closed cervical os
Role of Ultrasound

- Can refer women to facilities with ultrasound if uncertain of the woman’s status
- Not necessary for confirmation of successful resolution with misoprostol treatment
- Unnecessary intervention to evacuate the uterus may occur when providers see debris on ultrasound and misinterpret its clinical significance
- Wide range of endometrial thickness can be found on ultrasound at follow-up. Decision to perform uterine aspiration be based on clinical assessment only
Quiz Show
What are the main complications that can occur with misoprostol for postabortion care?

A. Light bleeding and a fever
B. Retained products in the uterus, heavy bleeding, and infection
C. Nausea and vomiting
D. None of the above
Which of the following options would you provide a woman with if she has retained products of conception (if the woman does not have severe bleeding, pain or infection):

A. Vacuum aspiration (today)
B. Another dose of misoprostol (today)
C. Wait one more week for misoprostol to work and schedule another follow-up visit in approximately one week
D. Any of the above
Which one is **NOT** a method of managing prolonged vaginal bleeding?

A. Evacuate the uterus completely through vacuum aspiration
B. Administer intravenous fluids if there is evidence of hemodynamic compromise
C. Provide the woman with NSAIDs
D. Transfusion - if clearly medically indicated
What are the ways to manage infection?

A. Immediate vacuum aspiration and antibiotic coverage  
B. Refer woman to a care setting capable of managing severe infection if your setting cannot  
C. Hospitalization and parenteral antibiotics for severe infection  
D. All of the above
Counseling

- Follow-up is a good time for:
  - Answer any questions or concerns the woman has
  - Assess the woman’s fertility goals
  - Evaluate and discuss any other health needs
- For women who desire to prevent pregnancy should be counseled on the return to menses, and the range of contraceptive methods available, including the timing of each
- For women who desire to become pregnant again, inform them that it is advisable to wait until the bleeding has stopped and they feel comfortable and ready
- All women should be evaluated and have the chance to discuss any other health needs
Summary

• The follow-up visit is not medically necessary for most women, alternatives such as self assessment guides and telephone interviews work well

• If follow-up visits are part of your standard care they should not be scheduled sooner than 7 days after misoprostol administration
• Assess if the treatment was successful based on her report of symptoms
• Assess her physical status, perform a pelvic exam
• Manage any complications including treatment failure
• Provide postabortion fertility and contraceptive counseling
Unit 7

Service Delivery
Objectives

By the end of this unit, participants should be able to:

• List the facilities and supplies necessary to provide misoprostol for treat incomplete abortion

• Describe the provider requirements and staff training necessary to provide misoprostol treatment

• Discuss the basics of monitoring performance of providers and the improvement of quality of services, noting key source document for further study
Objectives (continued)

• Articulate the importance of good record-keeping and documentation of complications and adverse event reporting

• Describe the integration of misoprostol into existing PAC services

• Explain the *Misoprostol for Use in Postabortion Care: A Service Delivery Toolkit*
Minimum Requirements to Provide PAC Treatment with Misoprostol

Infrastructure
- Counseling and examination room(s)
- Light (does not require electricity, i.e. a flashlight)
- Clean water supply

Equipment and supplies
- Supplies for vaginal and bimanual pelvic exam, including speculum, gloves, etc.
- Disinfection supplies for instruments and gloves

Drugs
- Misoprostol
Desirable Supplies That Increase Quality of Care

Desirable Supplies

- Toilet facilities
- Analgesics and antipyretics (NSAIDS such as ibuprofen, paracetemol)
- Contraceptive supplies
Referral Facilities - Emergency Treatment Supplies

- Emergency resuscitation materials and drugs (including IV lines and fluids, IV antibiotics, blood transfusion and other surgical supplies)
- Manual vacuum aspiration (MVA) equipment
- Other evacuation equipment if MVA is not available
Proper Misoprostol Storage

- Store in a dry, clean place away from excessive moisture or heat
- Ensure blister packs remain unopened until time of use
- If using a bottle, avoid unnecessary opening exposing the drugs to air and the environment
Key Resources Needed to Administer Misoprostol for PAC Treatment

- Trained staff
- Misoprostol pills
Monitoring

• A system of ongoing information gathering and regular assessment of how a program or service is functioning.
• An ongoing process where information is gathered and analyzed in a systematic, routine way
• Can lead to insights on how to improve implementation
Aspects of Service Delivery to be Monitored

- Patient information
- Counseling
- Clinical services
- Record keeping
- Patient satisfaction
- Success rates with misoprostol for treatment of incomplete abortion
- Any serious complication
Misoprostol for Use in Postabortion Care: A Service Delivery Toolkit

- Written for clinicians, facility managers or program managers
- Can be used by all types of health facilities (ie: hospital, health center, clinic, maternity home)
- Can be adapted to the country level
Models for Introduction/Integration of Misoprostol for PAC

• Introduction of misoprostol in primary care even if vacuum aspiration is not available as long as a referral network is in place.

• Integration into existing PAC services, so women can have a choice of preferred treatment technologies. Also, integration into emergency services and obstetrics and newborn care services.
**Contraceptive counseling and method provision to all women**

**Health facility without MVA**
- Uterine size ≤12 weeks LMP
  - Administer misoprostol*
  - If medical management fails and woman is clinically stable
  - Expectant management OR Repeat misoprostol
- Uterine size >12 weeks LMP
  - Administer misoprostol*
  - MVA or refer for severe complications

**Health facility with MVA**
- Uterine size ≤12 weeks LMP
  - Administer misoprostol*
  - Uterine size >12 weeks LMP
  - MVA or refer for severe complications
  - If medical management fails and woman is clinically stable
  - Expectant management OR Repeat misoprostol OR Treat with MVA

**Referral facility**
- Uterine size ≤12 weeks LMP
  - Administer misoprostol*
  - Uterine size >12 weeks LMP
  - MVA or other uterine evacuation methods, surgery or other procedures to treat complications as needed
  - If medical management fails and woman is clinically stable
  - Expectant management OR Repeat misoprostol OR Treat with MVA

*Check eligibility. Misoprostol regimens are 600 mcg oral or 400 mcg sublingual.
Documentation of Complications/Adverse Events

- Records should be maintained by knowledgeable, trained staff and be completed at the time of service delivery whenever possible to maintain accuracy of events, protocols, etc.
- A serious adverse event (SAE) is one that is potentially life threatening, results in permanent damage to body structure, or necessitates medical or surgical intervention to preclude permanent impairment.
• Incomplete abortions inherently lead to complications, many are easily treated; serious complications are rare in routine PAC.

• Documentation and review of serious complications associated with treatment of incomplete abortion is encouraged.