SAFE AND LEGAL ABORTION - 'COUNSELLING'

EDITOR-

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WHAT IS COUNSELLING

COUNSELLING IS BY DEFINITION TO GIVE PROFESSIONAL PSYCHOLOGICAL HELP AND ADVICE.
Components of Comprehensive Abortion Care

- **Counselling and Obtaining Voluntary Informed Consent**
- **Uterine Evacuation** (abortion procedure)
- **Clinical Assessment** (obtaining reproductive health history, physical and pelvic examination)
- **Managing Complications** (if any)
- **Pain Management and Infection Prevention**
- **Post Abortion Counselling and Follow up**
- **Post Abortion Contraception**
Counselling in abortion care

- Counselling is an integral part of comprehensive abortion services and is as important as performing the procedure correctly.
- It not only minimise litigation, make good repo with doctor but help women for better compliance of treatment.
Factors Influencing Abortion Services—counselling should emphasise these issues-

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- **Physical Access Factors**
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Woman Centered **Comprehensive Abortion Care** means providing safe and legal abortion services, taking into account different factors influencing a woman’s physical and mental health needs, her personal circumstances and ability to access abortion services.
Right and opportunity to select between options without interference from others.

For a woman to have informed choice she should have complete and accurate information; opportunity to ask questions and freedom to express concerns to knowledgeable health care personnel.

Choice means a woman’s right to determine:

- When to become pregnant
- Whether to continue with or terminate a pregnancy
- Freedom to select among available abortion procedures, contraceptives, providers, facilities etc.
CAC: WOMAN CENTERED APPROACH-AS PER MOHFW-GOV'T OF INDIA

**Access**

- Availability of services to a woman as and when she needs them
  - Services to a woman irrespective of her economic or marital status, age, educational or social background
  - Services without delay because of administrative and logistic hurdles
  - Services available close to woman’s home
CAC: WOMAN CENTERED APPROACH-AS PER MOHFW-GOVt OF INDIA

Quality

• Devote adequate time for counselling;
• Maintain privacy and confidentiality
• Use safe technologies, such as MVA, EVA and MMA
• Follow standard protocols for infection prevention, pain management and management of complications
• Offer post-abortion contraceptive services
• Provide reproductive and other health services (RTI/STI, counselling on sexual violence etc.)
• Services tailored to a woman’s medical and personal needs
Who should do counselling

- TRAINED COUNSELLAR
- DOCTORS AND PARAMEDICAL STAFF PROVIDING SERVICES
- OPERATING SUGERON - in all high risk cases
- RECORD SHOULD BE MAINTAINED
Pre-procedure (MTP)counselling –

- It helps the woman **to decide about the termination of pregnancy**
- It helps the woman **to choose the method of termination**
- It ensures that the **consent for the procedure** is given after receiving complete information about the procedure and understanding its implications
- It helps the woman **to adopt a contraceptive method** after the procedure
If found eligible for MTP, explain to her, in simple language:

➢ The **range of available options of MTP** techniques based on gestation

➢ The MTP technique chosen by her.

➢ The likely **risks** associated with the procedure

➢ The **care** required after the procedure

➢ That this will not affect her **future fertility**, if done under safe conditions
Counselling for contraception

- The immediate risk of pregnancy if no contraceptive method is used, as fertility can return as early as 10 days after the first trimester abortion and within four weeks after a second trimester abortion.
- She should wait for at least six months before trying to conceive again.
- Need and schedule for a follow-up.
- Help the woman to sign the consent.
- Discuss various contraceptive methods including their advantages.
COUNSELLING-If the woman is not willing to accept a contraceptive method

- **Do not refuse MTP**, as she is likely to go elsewhere, probably to an illegal abortion provider, and suffer complications

- Assure the woman that *she will not be refused MTP*

- Wait for an opportunity to counsel her after the procedure., call her for follow-up in a week’s time and **counsel her again.**

- **Record** the assessment findings, procedure, contraception or refusal to accept contraception and advice given (including referral)
Information to a Woman Who is Being Referred to a Higher Level

**Explain woman, spouse or relatives accompanying the woman:**

- reasons why she is being referred
- Explain which facility (referral site) they should go to and explain the procedure that will be done at the site
- Give a referral letter with details of history, physical examination, treatment given so far and the reason for the referral. Request for feedback
- Facilitate transport to the next level of facility.
- Emergency transport facilities (108) can be used for referral, if required
- Contact the provider at the referral site, if possible, giving information of the referral
- Instruct the woman to report for a follow-up either at the referral site or the facility from where she has been referred
- Record the referral
- Plan for a follow-up later for the woman to ensure her well-being Possible reasons for referral are included as part of subsequent chapters
Counselling During a Follow-up Visit

provides an opportunity to:

• Ask the woman about problems after abortion, if any. Ask her if she is comfortable with the contraceptive chosen.
• Counsel for contraception in the case of a woman who had not accepted a contraceptive method.
• Here, the focus should be on the consequences of repeated abortions.
• Find out about the procedure that was performed (in case the woman was referred) and if any contraceptive method was advised/given.
• If no contraceptive method was provided, counsel for contraception and help the woman to choose an appropriate method.
• Record findings/advice.
Critical steps during post-procedure counselling:

- Continue to ensure privacy and confidentiality and an empathetic attitude.
- Enquire from the woman how she is feeling and reassure her in case of any problems.
- Inform her that she should avoid intercourse till bleeding stops or condoms should be used.
- Repeat the information about post-procedure care and ensure that the woman understands it fully.
- Inform her that she should return to the hospital in case of:
  - Severe abdominal pain
  - Heavy vaginal bleeding
- Call the woman for a follow-up visit in a week’s time and counsel her again if she had not accepted any form of contraception.
If the woman is silent at the start of the meeting, you could say,

- “I can see that it is difficult to talk, it’s often that way for some women. I wonder if you are feeling a little anxious.” Look at her and use body language that shows empathy and interest. Wait
- During discussion, silence can be okay. Sometimes the woman is thinking or wondering how to express her feelings or thoughts.

Give her time to think
Challenging Situations during Counselling

The woman cries

• A woman may cry for different reasons – to express sadness, get sympathy, or to stop further discussion.
• Do not assume why she is crying.
• Wait for a while and, if crying continues, say that it is all right to cry, it is a natural reaction.
• This permits her to express the reasons for crying. It is okay to ask the reasons gently.
The counsellor, too, may feel anxious if he/she is not sure of what advice to give.

The counsellor is a reproductive health expert but does not have to solve every problem for the woman.

Express understanding; sometimes this is what she really wants.

Also, suggest others who could help
Challenging situation during counselling -
The counsellor does not know the answer

• to a woman’s question - Say honestly and openly that you do not know the answer, but you can try to find it for her.
• Check with a supervisor, a knowledgeable co-worker or reference materials, and give her the accurate answer
Challenging situation during counselling -

The counsellor makes a mistake

- Correct the mistake and say you are sorry. It is important to be accurate. It is not important to look perfect.

- Admitting a mistake shows respect for the woman. Be honest.

- The more honestly you express your own feelings when appropriate (without revealing your personal life), the easier it is for the woman to do the same.
# CHECKLIST

## PRE PROCEDURE COUNSELLING
- Option for MTP methods women have
- Detailed information about methods of termination
- Complication and consequences
- Schedule and planning for follow up
- Contraception options
- Sign informed consent
- Cost of procedure
- Return of fertility

## POST PROCEDURE COUNSELLING
- Hygiene and nutrition
- Possible complaints after procedure
- Danger signs - has to report to hospital
- Access to hospital
- Rest, supplementation
- Contraception
1. FOGSI FOCUS ON MTP

MTP COMMITTEE BULLETIN ON-
1. DOCUMENTATION WITH ALL FORMS
2. MEDICAL METHOD OF ABORTION IN 1st TRIMESTER
3. COUNSELLING DURING MTP-PRE AND POST PROCEDURE
4. MTP ACT Amendment 2021-current status, Research

Available on FOGSI website, compressed pdf, easy to download, comprehensive update
Access to safe abortion depends not only on the availability of services, but also on the manner in which they are delivered and the treatment of women within the clinical context. Services should be delivered in a way that respects a woman's dignity, guarantees her right to privacy and is sensitive to her needs and perspectives.
Conclusion

- Respect for women's informed and voluntary decision-making, autonomy, confidentiality and privacy, is key factor for quality care for safe abortion for any country. Each woman deserves it.

- Counsellor should keep these facts in mind.
REFERENCES-

COMPREHENSIVE ABORTION CARE - 2018, TRAINING GUIDELINES
2ND EDITION - MINISTRY OF HEALTH AND FAMILY WELFARE - GOVT OF INDIA
Thanks-counselling is an art-please learn

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