Session 7:
Postabortion Counseling

Objectives

- To describe the purpose and three phases of counseling for postabortion clients
- To examine postabortion counseling in the context of existing PAC services
- To explain how to create a comfortable environment for openly discussing clients' needs and concerns
- To list information that should be provided to clients "preprocedure," including the client's health condition and a description of the medical procedure
- To demonstrate preprocedure counseling, using communication skills to address clients' needs, as follows:
  - Assess the client's readiness to discuss her concerns and feelings
  - Encourage the client to ask questions and to express her opinions and feelings
  - Answer the client's questions with simple explanations
- To identify concerns and needs of the client during the postabortion medical procedure
- To describe verbal and nonverbal ways to address the client's needs during the procedure
- To demonstrate showing support for the client during the procedure through role plays
- To describe the postabortion client's state of mind after the procedure, as well as her immediate concerns and needs
- To describe postprocedure instructions for the client (including how to take care of herself, common side effects of the procedure itself, signs of possible complications, and what to do if these occur), as well as return to fertility and referral for nonmedical problems or concerns
- To demonstrate talking with the client after the procedure, including postprocedure instructions, basic information about reproductive health and contraception, and referral, as necessary

Training Methods

- Presentation/discussion
- Brainstorm
- Role play

Materials

- Flipchart paper, easel, markers, and tape
- Flipcharts of the client case studies (from Session 3)
- Flipcharts of "Addressing the Postabortion Client's Feelings" for each client (from Session 3)
- Transparency 7-A: Sample "Map" for Case-Study Client Walk-Through of PAC Services (page 170)

- Transparency 7-B: General Requirements of Pain Control (During Uterine Evacuation with an Awake Client) (page 171)
- Handout 7-A: Postabortion Counseling (page 125)
- Handout 7-B: Counseling the Postabortion Client (page 126)
- Handout 7-C: Counseling Guidelines for the Provider: Before the PAC Procedure (page 127)
- Handout 7-D: Counseling Guidelines for the Provider: After the PAC Procedure (page 128)
- Handout 7-E: Postprocedure Information Sheet (for clients) (page 129)
- Handout 7-F: Postabortal Syndrome (for providers) (page 131)
- Handout 7-G: Supportive and Informational Counseling Before, During, and After the Treatment Procedure (page 133)
- "Props" for role plays, such as client-education materials, a blanket, a curtain, drapes, or other materials that can be used to make the role plays more realistic
- Video camera and television or monitor (optional)

Advance Preparation

1. Prepare a flipchart listing the objectives of this session.
2. Review all handouts and make one copy for each participant.
3. Prepare three flipcharts, one entitled "Needs and Concerns," one entitled "Assessing a Client's Readiness to Talk," and one entitled "Creating a Comfortable Environment for Discussion."
4. Prepare the room so that each group can sit near its respective case study and feelings flipcharts.
5. Prepare a flipchart of Transparency 7-B: General Requirements of Pain Control (During Uterine Evacuation with an Awake Client).
6. Gather the materials and prepare the room for the demonstration and practice role plays of a medical procedure (i.e., four procedure "rooms").
7. Set up the video camera and television or monitor (optional).

Session Time (total): 4 hours, 5 minutes, to 4 hours, 20 minutes

SESSION 7 TRAINING STEPS

Part A Overview of Postabortion Counseling

Time: 45 minutes

Activity 1: Large-group exercise/discussion (25 minutes)

1. Ask for a volunteer to provide a "walk-through mapping" of PAC services at his or her site, as follows: The volunteer should play the role of his or her case-study client and "walk through" that client's steps from the time she arrives at the facility until the time she leaves (or returns for follow-up). As the volunteer describes the steps of the client, map a corresponding diagram on a flipchart.

> **TRAINING TIP ○○○**
>
> The sample "walk-through/mapping" of a case-study client should make the exercise interactive *and* should clarify what happens during each phase of treatment for postabortion clients at the participants' respective sites. The map should identify actual points of contact with different departments and service providers, and it can be used as a reference for how and when to counsel clients at different points in the service-delivery process. (See page 168 for a sample map.)

2. Briefly identify which services are lacking or need improvement. This will provide the participants with a tangible and familiar framework for considering and applying the three phases of counseling.

Activity 2: Discussion (20 minutes)

1. Ask the participants to describe the role of counseling in PAC. Clarify any misconceptions and answer questions raised by the participants, and distribute Handout 7-A: Postabortion Counseling (which includes the World Health Organization [WHO] definition of counseling).

> **TRAINING TIP ○○○**
>
> Handout 7-A clarifies the role of counseling in PAC and reviews elements of counseling, including who can provide counseling and the qualities and skills that are necessary. Presenting this material at this point serves three purposes: It gives a framework in which to fit skills, attitudes, and knowledge addressed in Sessions 2 to 6; it prepares the participants for the counseling practice in the remainder of the training; and it can give postabortion counseling added credibility in the eyes of participants by referring to the WHO publication.

2. Explain to the participants that counseling skills and steps should always be integrated into their routine work with postabortion clients. Remind them that the responsibility for counseling is shared by *all staff* who interact with clients, even if only for a short time. If the participants still perceive counseling as a "new" staff position that is outside of their job description, the role plays that follow (Parts B to D) will allow you to focus on that concern.

> **TRAINING TIP ○○○**
>
> The WHO document uses the term "abortion care" to include both emergency abortion care and elective abortion. Our emphasis is on the aspects of counseling that relate specifically to emergency, or postabortion, care.

3. Distribute Handout 7-B: Counseling the Postabortion Client and briefly summarize the different phases of counseling in postabortion care.

> **TRAINING TIP ○○○**
>
> Use case-study examples to emphasize that the content of counseling may shift between different phases. For example, if Case-Study Client X arrives in shock, discussion about her future fertility intentions must wait until she has been treated, is stabilized, and is able to converse coherently and comfortably.

Part B Preprocedure Counseling

Time: 1 hour, 30 minutes, to 1 hour, 35 minutes

Activity 1: Brainstorm/discussion (15 minutes)

1. Ask the participants: What information does the client need prior to the procedure? What other needs and concerns might she have? If necessary, refer to Handout 7-B to help identify needs and concerns, as well as to the flipchart "Addressing the Postabortion Client's Feelings."
2. Write the participants' comments on the flipchart entitled "Needs and Concerns," and post the flipchart on the wall.
3. Distribute Handout 7-C: Counseling Guidelines for the Provider: Before the PAC Procedure, and summarize by reviewing the preprocedure counseling guidelines.

Activity 2: Brainstorm/discussion (30 minutes)

1. Ask the participants: How can you determine if it is a good time to talk with a client about her needs and concerns? Write their ideas on the flipchart entitled "Assessing a Client's Readiness to Talk."

TRAINING TIP ○○○

The process of assessing the client's readiness to talk and creating a comfortable environment will differ from place to place, depending on her condition, the local culture, and specific features of the PAC service site (e.g., hospital vs. clinic setting). The following examples may be used to help guide the discussion:

- Observing the client's appearance: Is she conscious, alert, oriented? Does she look sleepy, in pain, scared, or agitated? Does she make eye contact when you greet her?
- Asking: "How are you feeling?"
- Asking: "You may have some questions about what is going on. Is this a good time for us to talk?"

The participants should be aware that although a provider can and should attempt to communicate with a semiconscious client, she may not retain or recall essential preprocedure or postprocedure information or instructions. This information should be covered when she is awake and alert.

2. Post the completed flipchart on the wall for reference during the remainder of this session.
3. Ask the participants to list ways of creating a comfortable environment for openly discussing clients' needs and concerns.
4. Write their ideas on the flipchart entitled "Creating a Comfortable Environment for Discussion."
5. Demonstrate how to arrange the setting and speak softly when sitting or standing close to the client, as described below.

TRAINING TIP ○○○

Some examples of ways to create a comfortable environment for discussion include:

- Arranging the setting so it is conducive to a confidential discussion with the client (e.g., drawing a screen or curtain for visual privacy, or making sure you are far enough away from other clients and staff so you cannot be overheard if you speak softly)
- Sitting or standing close to the client and speaking softly
- Assuring the client of confidentiality (i.e., that everything she says will remain between you and her, unless other medical staff who are treating her need to know)
- Acknowledging that feeling scared, confused, or worried are common emotions for most women in this situation
- Asking if there is anyone else that she would like to have involved in the discussion (e.g., her partner or family members)

6. Post the completed flipchart on the wall, for reference during the remainder of the workshop.

TRAINING TIP ○○○

After the participants have developed flipchart lists specific to their own cultures and sites, you may want to have them typed, copied, and distributed as handouts before the end of the workshop.

Activity 3: Role-play preparation (15 minutes)

Note: During the role plays, the participants will use the case-study clients (from Session 3) as characters.

1. Divide the participants into the same case-study client groups as on the first day of the workshop, seating each group near where its case-study and feelings flipcharts are posted on the wall.
2. Ask each group to:
   - Develop a *5- to 10-minute* role play for preprocedure counseling that accomplishes the following communication tasks:
     - Assessing the client's readiness to discuss her concerns and feelings
     - Encouraging the client to ask questions and to express her opinions and feelings
     - Answering the client's questions with simple explanations
   - Remember to use the open-ended or feeling questions that the participants developed during Session 4 and to address the sexuality and gender concerns identified in Session 6.
   - Remember to show examples of reflecting (interpreting the feelings behind a client's words).
3. Distribute "props" to each group.
4. Walk around the room and offer help as the participants develop their role plays.

Activity 4: Role-play practice (20 to 25 minutes)

1. Randomly select one group to conduct its role play for the other participants to observe.
2. Introduce the role play by reminding the participants of the circumstances of the case study.
3. Videotape the role play (optional).
4. Stop the role play if it exceeds the 10-minute time limit. *(10 minutes, maximum)*
5. Play the videotape of the role play (if video is used) and discuss *(10 minutes)*, asking:
   - How do you think the "client" felt during this role play?
   - Which communication tasks were achieved?
   - What did the group do well?
   - How could they improve?

TRAINING TIP ❍❍❍

You may need to remind the participants to:

- Take the role play seriously. (This is an opportunity to practice for interactions with real clients the next day.)
- Be realistic in the scenarios they present. (A client may not be forthright in telling a provider that she induced an abortion in a country where abortion is illegal.)
- Tailor the conversation to fit the individual client's needs, rather than using a discussion "script" with irrelevant information. (If a client wants to be pregnant again soon, she is probably not interested in long-term family planning methods.)
- Ask questions about what the client needs or wants, rather than make assumptions.

6. Summarize the feedback and add any points that were not covered by the participants.

Activity 5: Discussion (10 minutes)

1. Summarize the role plays by asking the following questions:
   - What did you learn from this session?
   - How could you apply what you have learned in your own work setting?
2. Be prepared to conduct your own demonstration role play in case key steps or skills need to be reinforced.

TRAINING TIP ❍❍❍

The role plays will work best if each group is able to practice in front of the others and get feedback. However, this takes more time, particularly if the number of participants is large. The groups can practice their role plays at the same time if there is enough space and if there are enough trainers to supervise each group. You would still want to have one group demonstrate for the others and to conduct a large-group discussion and feedback for that role play. After the participants demonstrate their role plays, the trainer should identify the aspects that were not done very well and show how to do better.

During this and the next two sessions, the time for the practice sessions will vary. In this session, the role plays will take longer, since the participants are unfamiliar with the process. Subsequent practice sessions will take less time, as the participants get used to the format and improve their skills. Be flexible on time; this practice is one of the most important aspects of the entire training. (*Note:* Including the videotaping option will add an additional 5 to 10 minutes to the time required for the exercise.)

Part C Being Supportive during the Procedure

Time: 50 to 55 minutes

Activity 1: Brainstorm/discussion (10 minutes)

1. Refer to the "Needs and Concerns" flipchart from Activity 1 of Part B of this session, and ask the participants to identify needs and concerns that the client would feel during the medical procedure.
2. Emphasize the range of emotions that a client might feel. (If this is not listed by the participants, remind them about the earlier sessions on respecting the client's rights to confidentiality, privacy, and dignity.)
3. Ask the participants how the service provider can address these needs, both verbally and nonverbally.
4. Summarize by explaining the importance of offering the client reassurance and attention—through touch and words—for pain control.
5. Introduce the pain control requirements as follows:

   "All sensations of pain are increased by fear; constant attention and reassurance by touch and words ('verbal anesthesia' or 'verbacaine') are important to help a woman to cope with this aspect of the experience."

   —Margolis, A., Leonard, A. H., and Yordy, L. 1993. Pain control for treatment of incomplete abortion with MVA. *Advances in Abortion Care* 3(1):1–8.
6. Display the flipchart entitled "General Requirements of Pain Control," and review the requirements:
   - A procedure room that is quiet and nonthreatening
   - Health care workers who are calm, friendly, gentle, and unhurried
   - Continuous attention to the client from the medical team
   - A clear explanation of what to expect before the procedure, what is happening during the treatment, and what, if any, discomfort she may expect to feel
   - A competent, efficient, and well-trained team of providers who communicate well with the client

TRAINING TIP ○○○

Remind the participants that PAC treatment is not limited to the MVA procedure, but encompasses the broader aspect of managing abortion complications. The retained products of conception are just one subset of these complications.

Activity 2: Role-play preparation (15 minutes)

Note: During the role plays, the participants will use the case-study clients (from Session 3) as characters.

1. Refer to the flipcharts developed and posted in Part B, reminding the participants to use them as a resource for the role-play exercises.

2. Divide the participants into the same case-study client groups as on the first day of the workshop, seating each group near where its case-study and feelings flipcharts are posted on the wall.
3. Ask each group to:
   - Identify the specific needs and concerns of its case-study client
   - Develop a *5-minute* role play for counseling during the medical procedure in which verbal and nonverbal skills are used to address the client's needs and concerns
   - Remember to show examples of reflecting (interpreting the feelings behind a client's words) in the role plays
4. Distribute "props" to each group.
5. Walk around the room and offer help as the participants develop their role plays.

Activity 3: Role-play practice (20 to 25 minutes)

1. Randomly select one group to conduct its role play for the other participants to observe.
2. Introduce the role play by reminding the participants of the circumstances of the case study.
3. Videotape the role play (optional).
4. Stop the role play if it exceeds the 5-minute time limit. *(5 minutes, maximum)*
5. Play the videotape of the role play (if video is used) and discuss *(10 minutes)*, asking:
   - How do you think the "client" felt during this role play?
   - Which communication tasks were achieved?
   - What did the group do well?
   - How could they improve?
6. Summarize the feedback and add any points that were not covered by the participants.
7. Give the following example to show how a provider can address a client's needs and feelings during the procedure:

   "In some cultures, women may feel ashamed to sit for an extended period of time with their legs open, even though this is part of a clinical procedure. While providers cannot completely erase such feelings of shame, they can be sensitive to the client's concerns by means of simple gestures, such as draping her lower body whenever possible, holding her hand, telling her that many women feel a little uncomfortable in this situation, and reassuring her that this feeling is normal."

Activity 4: Discussion (5 minutes)

1. Summarize the role plays by asking the following questions:
   - What did you learn from this session?
   - How could you apply what you have learned in your own work setting?
2. Be prepared to conduct your own demonstration role play if key steps or skills need to be reinforced.

TRAINING TIP ❍❍❍

See the Training Tip from Part B, Activity 5 (page 117), for options on how to conduct the practice role plays. As before, you should identify aspects that were not done adequately and demonstrate how to do them better.

Address situations where the client is semiconscious due to her medical condition (not due to medication). Tell the participants how they can still be supportive in these cases, by reassuring the client with touch and words and by paying close attention to the client's needs (using effective listening and two-way communication).

Remind the participants that other staff present during future procedures may not have received this training. However, the participants can share with others what they have learned (and improve the facility's overall quality of services) by modeling communication skills and offering support during the procedure.

The time for this role play is only five minutes, because there are fewer communication tasks to practice. However, body language and expressions of verbal support are still important. These may also present different challenges for participants who are accustomed to relying on words only for communication. Therefore, if the participants are not able to demonstrate appropriate body language and support during the five minutes for the role play, give them more time and additional guidance.

Part D Counseling after the Procedure

Time: 1 hour to 1 hour, 5 minutes

Activity 1: Large-group discussions (25 minutes)

1. Refer to the "Needs and Concerns" flipchart and identify which items would apply to the client's state of mind *after* the treatment procedure has been conducted.
2. Ask the participants if any other feelings, needs, or concerns should be added to the list that would apply to the client after the procedure. List these on another flipchart.

TRAINING TIP ❍❍❍

If this has not happened already in the role plays, the groups should address referral for family planning (Session 5), RTI and STI information (Session 6, Part A), and other reproductive health or social health services, as noted earlier (Session 6, Part B). You may need to add demographic and social characteristics to the case-study clients to make sure that different groups address these different issues.

3. Ask which of these feelings, needs, or concerns the PAC service provider can actually address and which need to be referred to providers or resources outside the PAC setting. Note referral resources, as identified in Session 6, Part B.
4. Distribute Handout 7-D: Counseling Guidelines for the Provider: After the PAC Procedure, and briefly review.
5. Explain that besides addressing the client's needs and concerns, the provider must be concerned about the client's safe recovery from the postabortion procedure. Therefore, providers must explain postoperative instructions to clients (and to other family members, as appropriate) in a way that they can understand. In addition to verbal explanation, written postoperative instructions should also be provided.
6. Distribute Handout 7-E: Postprocedure Information Sheet, and review each point. Distribute Handout 7-F: Postabortal Syndrome, as a reference item for providers.

Activity 2: Role-play preparation (10 minutes)

Note: During the role plays, the participants will use the case-study clients (from Session 3) as characters.

1. Divide the participants into the same groups as in Session 7, Part B, and tell them that they will work with the same case-study clients as before. (Refer to their case studies, if necessary, either on flipchart or handout.)
2. Ask each group to:
   - Identify the specific needs and concerns of its case-study client.
   - Develop a *5- to 10-minute* role play for postprocedure counseling that includes postoperative instructions, basic information about reproductive health and contraception, and referral, if necessary (see Handouts 5-A, 7-E, and 7-F).
   - Remember to show examples of reflecting (interpreting the feelings behind a client's words) in the role plays.
3. Distribute "props" to each group.
4. Walk around the room and offer help as the participants develop their role plays.

TRAINING TIP ○○○

For some clients, other members of the family, such as the husband or his mother, may make the key decisions about how much rest the client gets, whether and when she takes her medication, or whether she gets follow-up care, if this is necessary. In such a situation, postoperative instructions can be given to the client along with the key decision makers in her home setting. When helping the groups to prepare, be sure that one group includes this scenario in their role play.

Activity 3: Role-play practice (20 to 25 minutes)

1. Randomly select one group to conduct its role play for the other participants to observe.
2. Introduce the role play by reminding the participants of the circumstances of the case study.
3. Videotape the role play (optional).

4. Stop the role play if it exceeds the 10-minute time limit. *(10 minutes, maximum)*
5. Play the videotape of the role play (if video is used) and discuss *(10 minutes)*, asking:
   - How do you think the "client" felt during this role play?
   - Which communication tasks were achieved?
   - What did the group do well?
   - How could they improve?
6. Summarize the feedback and add any points not covered by the participants.

Activity 4: Discussion (5 minutes)

1. Summarize the role plays by asking the following questions:
   - What did you learn from this session?
   - How could you apply what you have learned in your own work setting?
2. Be prepared to conduct your own demonstration role play in case key steps or skills need to be reinforced.

TRAINING TIP ❍❍❍

See the Training Tips from Part B, Activity 5 (see page 117), and from Part C, Activity 4 (see page 120), for options on how to conduct the practice role plays. As before, you should identify the aspects that were not done adequately and demonstrate how to do them better.

The time for these role plays is 10 minutes each, because there are some minimum requirements on information exchange. Again, be flexible on time.

3. Distribute copies of Handout 7-G: Supportive and Informational Counseling Before, During, and After the Treatment Procedure, which summarizes the lessons covered in this session.

Session 7

Handouts

Handout 7-A
Postabortion Counseling

Postabortion counseling:

- Focuses on helping individuals to make choices and to manage the emotions raised by their situation
- Goes beyond just giving facts; it enables clients to apply information to their particular circumstances and to make informed choices
- Includes a discussion of feelings and concerns, since they are relevant to the client's choices, particularly regarding sexual behavior, reproductive health, and fertility

Counseling always involves two-way communication between the client and the provider, in which each spends time talking, listening, and asking questions.

According to the World Health Organization:

"Counselling—face-to-face communication in which a counsellor assists the woman in making her own decisions and acting on them—must be a part of all abortion care….Ideally, the same counsellor should provide support before, during, and after treatment; however, this is often difficult in a health care facility with limited staff and high caseloads. Nevertheless, a supportive and caring staff can do much to meet the psychological and emotional needs of women seeking emergency abortion care or elective abortion.

Counselling in abortion care can be provided by a variety of staff members, including nurses, midwives, physicians, social workers or nurse aides. [*Note:* This list of providers will vary, depending upon the country.] Volunteers have been used successfully in some situations. A professional counsellor is not necessary; however, training in counselling techniques should be provided for any staff functioning as counsellors.

Staff who provide counselling must be non-judgemental, extremely sensitive to and respectful of the woman's emotions and feelings, in order to adapt the session to the woman's specific needs. Counsellors should be knowledgeable, well-trained, and able to give accurate information. Counselling staff must always be aware of the need for privacy, confidentiality, and, in some cases, anonymity….Critical elements of all good counselling include the ability of the counsellor to elicit and listen to a woman's needs, concerns, and questions, and to inform, educate, and reassure, using language and terms that the woman understands….It is also useful to augment verbal explanations with written and pictorial materials to reinforce what has been said in the counselling sessions."

—World Health Organization. 1995. Information and counselling for the patient. In *Complications of abortion: Technical and managerial guidelines for prevention and treatment*. Geneva.

Handout 7-B
Counseling the Postabortion Client

Preprocedure

- Assess the client's ability or capacity to give or receive information
- Explore the client's needs and feelings
- Examine the client's values and life plans
- Based on the client's condition, provide information about the following, as appropriate:
  - Exams and findings
  - Treatment procedure/anesthesia
  - Possible side effects, complications, and risks
  - Human reproductive processes
  - Available contraceptive methods

During the procedure

Maintain emotional support by providing:

- Positive, empathetic verbal and nonverbal communication
- Gentleness while performing the procedure

Postprocedure

- Explore the client's feelings, questions, and concerns after the procedure—provide support and encouragement
- Remind the client of possible side effects, risks, and warning signs, and that she should return if warning signs occur
- Tell the client how to take care of herself at home
- Give her written postprocedure information
- Remind the client of the importance of follow-up
- Discuss available contraceptive methods, as appropriate
- Discuss RTIs and STIs
- Assess the need for additional counseling or referral for other reproductive health needs or nonmedical issues

Handout 7-C
Counseling Guidelines for the Provider: Before the PAC Procedure

It is important to obtain sufficient medical information to make an accurate diagnosis and develop a treatment plan. Assure the client that these questions are being asked to get the information needed to best treat her medical condition. Examples of questions that should be asked are:

- When did the bleeding start? Is it a lot or a little?
- How did the bleeding start? Was something done to start the bleeding? (Ask these questions with sensitivity and discretion.)
- Have you passed anything from the vagina besides blood? Did it look like skin or clotted blood with tissue?
- Do you have pain? Where? When did it start? How bad is it?
- Have you had a fever? Chills?
- Have you felt weak? Fainted? Collapsed?

All women being treated for abortion complications have a *right to information* about their condition, including:

- Their overall physical condition
- Results of physical and pelvic examinations and lab tests
- The time frame for treatment
- The need for referral and transport to another facility
- Procedures to be used, as well as risks and benefits

Providers *must* have the client's consent for treatment or, if she is unable to give it, that of a family member or other responsible adult.

Be sensitive to the client's physical and emotional condition when providing information; forcing her to listen when she is not ready will just be a waste of your time and hers.

Always ask the client if she has any questions for you.

Explore her needs and feelings about her situation, and future plans, if her condition permits.

Adapted from: Winkler, J., Oliveras, E., and McIntosh, N. (eds.) 1995. *Postabortion care: A reference manual for improving quality of care*. Postabortion Care Consortium.

Handout 7-D
Counseling Guidelines for the Provider: After the PAC Procedure

Once the surgical procedure has been completed:

- Approach the client when she is already calm and recovering from the procedure. Be sensitive to her physical and emotional condition; forcing her to listen when she is not ready will just be a waste of your time and hers.
- Be flexible about where you conduct counseling. Sometimes clients may feel strong enough to get up and talk to the provider in a separate room; others may prefer to remain in bed and be counseled while still in the recovery room.
- Be aware that the important thing is to provide the client with useful information that is suitable to her needs.
- If others have accompanied the client to the service site, ask if she would like to include them in the discussion.
- Start the counseling by exploring the client's feelings, questions, and concerns after the postabortion procedure.
- Follow the postabortion counseling diagram (Handout 7-B) to check what information may be given to the client.
- Explore the client's postprocedure plans.
- Provide the client with the Postprocedure Information Sheet (Handout 7-E) and review it with her (and with others, as appropriate).
- Offer to help her with whatever she needs, as appropriate, before saying good-bye.

Handout 7-E
Postprocedure Information Sheet

How to Take Care of Yourself

- Resume normal activities only when you feel comfortable enough to do so.
- Take the medications you have been given *correctly and completely:*

  - _____ is an antibiotic to prevent or treat infection.
    Take _____ pills _____ times a day for _____ days until all pills are gone.
  - _____ is for discomfort.
    Take _____ pills every _____ hours, as needed.
  - Iron tablets will make your blood normal and healthy again.
    Take ___ tablets _____ times a day.

- Keep your follow-up appointment as scheduled on _____. Return at any time if you have concerns.
- If you are interested in using a family planning method, talk to a provider about starting one *right away*. It is possible to become pregnant as soon as you resume sexual relations.

Avoid:

- Strenuous activity for 2 to 3 days
- Sexual relations until the bleeding has stopped

What Is Normal:

- Bleeding and cramping similar to a normal period for up to one week
- Mild fatigue for a few days
- Mild depression or sadness for several days

What Is Abnormal:

- Fever
- Dizziness, lightheadedness, or fainting
- Abdominal pain
- Severe cramping
- Nausea or vomiting
- Bleeding that is twice as heavy as a normal period
- Vaginal discharge that smells bad

Return *immediately* if you experience any of these symptoms!

Special Instructions:

_____

_____

_____

Handout 7-F
Postabortal Syndrome

What Is It?

Postabortal syndrome (also called postabortal hematometra) is severe cramping and discomfort due to the collection of blood in the uterus that can occur following evacuation of the uterus. Postabortal syndrome can present either immediately following the procedure or several days later.

What Causes It?

Normally, following a curettage or aspiration, the endometrial lining and any remaining pregnancy-related tissue flow out through the cervix. In the case of postabortal syndrome, after the procedure:

- The cervical os becomes blocked.
- The uterus fills with clots and continues to bleed.
- The uterus cannot contract.

What Are the Symptoms and Signs?

Symptoms include:

- Severe cramping
- Sweating
- Lightheadedness
- Nausea
- Vomiting and diarrhea (occasionally)

On examination, the client may exhibit the following signs:

- Sweating
- Paleness
- Slightly rapid heartbeat
- Tense, tender, or enlarged uterus on bimanual exam (often equal to or larger than the uterine size before the procedure)

If postabortal syndrome occurs immediately following the procedure, the client generally reports increased cramping and discomfort rather than the expected decrease of these symptoms. With delayed onset, the client will usually report feeling well until the sudden onset of symptoms, often with very light or no bleeding following the procedure.

How Is It Treated?

Prompt reevacuation of the uterus produces rapid relief of symptoms. Aspiration will yield blood and clots. There is rarely any remaining pregnancy tissue; however, it should be ensured that the uterus is completely evacuated.

(continued)

Handout 7-F (continued)
Postabortal Syndrome

How Can It Be Prevented?

It is not possible to prevent all cases of postabortal syndrome, but its incidence can be reduced by:

- Using the appropriate-sized cannula
- Ensuring the completeness of uterine evacuation
- Carefully monitoring clients in the recovery area, including their level of comfort and amount of bleeding, to detect early symptoms of postabortal syndrome

What Else Should Be Considered?

The following conditions (and their treatment) should also be taken into account when considering a diagnosis of postabortal syndrome:

- *Retained products of conception:* Reevacuate the uterus.
- *Uterine perforation:* Avoid repeat aspiration if perforation was suspected at the time of the procedure, though the cervix and uterus may be carefully probed with a cannula or uterine sound. This may relieve blockage of the internal cervical os.
- *Infection:* Infection is less likely with immediate onset, but must be considered when onset of symptoms is delayed. The clinical presentation of uterine tenderness and symptoms mimicking mild shock can be confusing. The history of feeling well up until the sudden onset of symptoms and the immediate relief of symptoms with reevacuation can help distinguish postabortal syndrome from infection. If there is any question, use of antibiotics should be initiated.

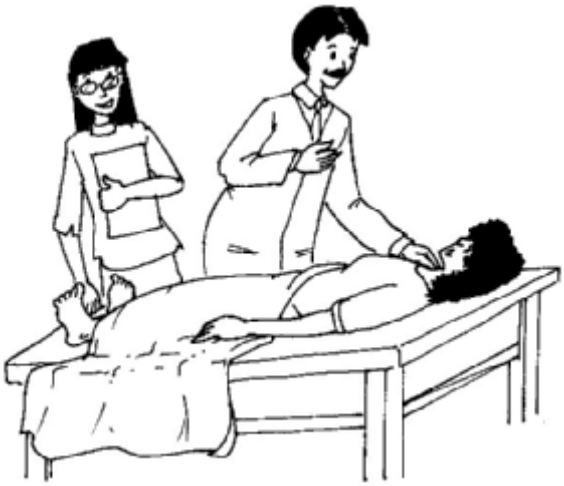
What Does the Client Need to Know?

The diagnosis and treatment should be explained in simple terms. The client should be instructed to watch for the usual postabortion warning signs, including fever, heavy bleeding, and abdominal pain. If she experiences any of these symptoms, she should return for immediate care. If she does not experience other complications, no further special care is necessary.

Handout 7-G
Supportive and Informational Counseling Before, During, and After the Treatment Procedure

Before the procedure...

Introduce yourself to the client and ask how she is feeling.



Inform the client about treatment and the medical procedure(s) that will be done.

(continued)

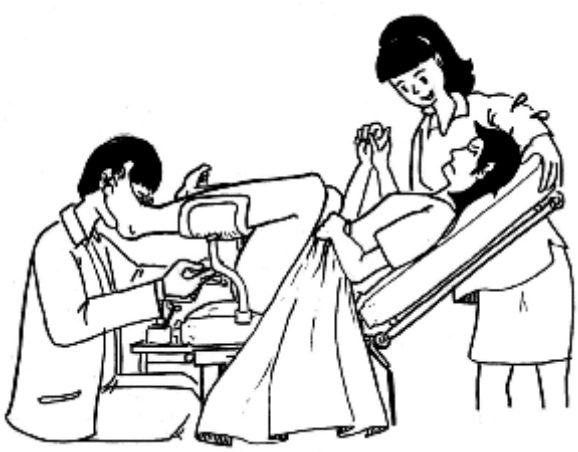
Illustrations: Ahmad Fauzi

Handout 7-G (continued)
Supportive and Informational Counseling Before, During, and After the Treatment Procedure

During the procedure...

Help the client into the bed or onto the operating table.

Assisting providers can give support by holding the client's hand.



All providers can offer words of reassurance to help relax the client.

"You can hold my hand if you feel pain."

"You are doing well, and the procedure is almost finished."

"Take a deep breath please..."

(continued)

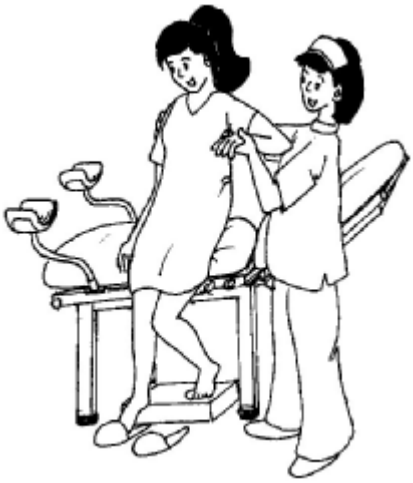
Illustrations: Ahmad Fauzi

Handout 7-G (continued)

Supportive and Informational Counseling Before, During, and After the Treatment Procedure

After the procedure…

Help the client off the bed or operating table.



Conduct postabortion counseling, including a discussion of family planning, if appropriate.

Explain about informed consent for acceptance of a family planning method. (If the client has no further questions, ask her to sign.)

Illustrations: Ahmad Fauzi