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## **Appendixes**



## Appendix A

### Training Outline

Session	Handouts	Participants	Time
<b>1. Opening Session</b>			
A. Opening Ceremony	[none]	All	30 minutes
B. Workshop Introduction	1-A: Workshop Goal and Objectives 1-B: Workshop Schedule	All	50 minutes
<b>2. Values and Attitudes Related to Postabortion Care</b>	2-A: Ambiguous Figure 2-B: Values and Attitudes in PAC	All	1 hour
<b>3. Understanding the Client's Perspective</b>			
A. Developing Case Studies of Postabortion Clients	[none]	Nonphysicians	25 minutes to 1 hour, 30 minutes
B. Confidentiality, Privacy, and Dignity	3-A: Ensuring Clients' Confidentiality, Privacy, and Dignity	All	45 minutes
C. Addressing the Postabortion Client's Feelings		All	1 hour, 35 minutes
D. Gender Issues	3-B: Gender	Nonphysicians	50 minutes
E. Sexuality Issues	3-C: How Do We Learn about Sex? 3-D: Sexuality	Nonphysicians	55 minutes
<b>4. Interpersonal Communication</b>			
A. Two-Way Communication	4-A: One-Way vs. Two-Way Communication	Nonphysicians	30 minutes
B. Verbal and Nonverbal Communication	[none]	Nonphysicians	30 minutes
C. Effective Listening	4-B: Effective Listening	Nonphysicians	35 minutes
D. Asking Open-Ended Questions	4-C: Types of Questions	Nonphysicians	45 minutes
E. Using Simple Language and Visual Aids	4-D: The Female and Male Reproductive Systems 4-E: Anatomy, Physiology, and Pregnancy	Nonphysicians	1 hour, 25 minutes

(continued)

## Appendix A (continued)

### Training Outline

Session	Handouts	Participants	Time
<b>5. Family Planning Information and Counseling for the Postabortion Client</b>			
A. Rationale	5-A: Simple Answers to Clients' Questions about Postabortion Family Planning	Nonphysicians*	30 minutes
B. Informed Choice	5-B: Contraception, Informed Choice, and Postabortion Care	Nonphysicians	30 minutes
C. Individual Factors	5-C: Individual Factors for Family Planning Counseling during Postabortion Care 5-D: Guidelines for Contraceptive Use, by Clinical Condition 5-E: Guidelines for Selecting Contraception, by Method	Nonphysicians	1 hour, 15 minutes
<b>6. Related Reproductive Health Needs and Other Issues</b>			
A. RTI/STI Information for the Postabortion Client	6-A: Background Information on STIs, HIV, and RTIs 6-B: Sexuality and HIV/STI Risk: Broaching the Subject with Clients	Nonphysicians	1 hour, 10 minutes
B. Referring Clients for Other Services	[none]	Nonphysicians	30 minutes
C. Threatened Abortion	[none]	Nonphysicians	35 minutes
<b>7. Postabortion Counseling</b>			
A. Overview of Postabortion Counseling	7-A: Postabortion Care Counseling 7-B: Counseling the Postabortion Client	Nonphysicians	45 minutes
B. Preprocedure Counseling	7-C: Counseling Guidelines for the Provider: Before the PAC Procedure	Nonphysicians	1 hour, 30 minutes, to 1 hour, 35 minutes
C. Being Supportive during the Procedure	[none]	All	50 to 55 minutes

\*Doctors should attend this session if they hold primary responsibility for providing family planning to postabortion clients.

(continued)

## Appendix A (continued)

### Training Outline

Session	Handouts	Participants	Time
D. Counseling after the Procedure	7-D: Counseling Guidelines for the Provider: After the PAC Procedure 7-E: Postprocedure Information Sheet 7-F: Postabortal Syndrome 7-G: Supportive and Informational Counseling Before, During, and After the Treatment Procedure	Nonphysicians	1 hour to 1 hour, 5 minutes
8. Clinical Practicum	8-A: Counseling Observation Checklist 8-B: Patient Interview Guidelines	All	1/2 day to 1 day
9. Workshop Wrap-Up	[none]	All	55 minutes to 1 hour, 25 minutes



## Appendix B

### Pretest/Posttest on Postabortion Counseling

1. State the five essential elements of postabortion care (PAC).
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  
2. When does postabortion counseling happen?
  - a. Before, during, and after the procedure
  - b. Any time you come into contact with the client
  - c. When you have identified the client's problem
  - d. Both a & b
  - e. When you have extra time with nothing else to do
  
3. Where does postabortion counseling happen?
  - a. In a private room with a door and soundproof walls
  - b. Anywhere in the service site you come into contact with the client
  - c. At a community meeting place
  - d. None of the above
  
4. Give one example of how you can respect a client's privacy when providing postabortion counseling.
  
  
  
  
  
  
  
  
  
  
5. Two-way communication happens when:
  - a. Both client and provider talk
  - b. Both client and provider listen
  - c. Both a & b
  - d. None of the above
  
6. Give two examples of open-ended questions.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  
7. Give two signs of effective listening. (How can you tell someone is listening attentively?)
  1. \_\_\_\_\_
  2. \_\_\_\_\_

*(continued)*

## Appendix B (continued) Pretest/Posttest on Postabortion Counseling

8. What is the minimum essential information on family planning that you should tell every postabortion client?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

9. List three methods of family planning that can be used safely postabortion.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

10. Informed choice means (check *all* answers that are true):

- The client has been given full information.
- The client cannot leave the service site without choosing a method.
- The provider helps the client to make a decision.
- Family members motivate the client to choose a particular method.

11. Candidiasis (yeast infection) and bacterial vaginosis are sexually transmitted infections.

\_\_\_\_\_ True      \_\_\_\_\_ False

12. What is empathy?

13. Give two examples of problems that require referral, and tell where you would refer the client.

1. \_\_\_\_\_
2. \_\_\_\_\_

14. Give two examples of how to create a more comfortable environment for counseling.

1. \_\_\_\_\_
2. \_\_\_\_\_

15. List two warning signs indicating that a woman should seek medical attention after her PAC treatment.

1. \_\_\_\_\_
2. \_\_\_\_\_

(continued)





## Appendix B (continued)

### Pretest/Posttest on Postabortion Counseling

#### Answer Key

1. State the five essential elements of postabortion care (PAC). (5 points)
  - **Community and service-provider partnerships**
  - **Comprehensive counseling**
  - **Treatment of incomplete abortion and potentially life-threatening complications**
  - **Contraceptive and family planning services**
  - **Linkages to reproductive health and other services**
  
2. When does postabortion counseling happen? (1 point)
  - a. Before, during, and after the procedure
  - b. Any time you come into contact with the client
  - c. When you have identified the client's problem
  - d. Both a & b**
  - e. When you have extra time with nothing else to do
  
3. Where does postabortion counseling happen? (1 point)
  - a. In a private room with a door and soundproof walls
  - b. Anywhere in the service site you come into contact with the client**
  - c. At a community meeting place
  - d. None of the above
  
4. Give one example of how you can respect a client's privacy when providing postabortion counseling. (1 point)
 

*Possible responses include:*

  - **Speaking in a low voice**
  - **Talking to the client in a private room or space (if possible)**
  - **Not sharing the details of her case with others unless necessary**
  
5. Two-way communication happens when: (1 point)
  - a. Both client and provider talk
  - b. Both client and provider listen
  - c. Both a & b**
  - d. None of the above
  
6. Give two examples of open-ended questions. (2 points)
 

*Possible responses include:*

  - **How did you feel when you first found out you were pregnant?**
  - **What did you do after the bleeding started?**
  - **How do you feel now?**
  - **What do you think is going to happen while you are here?**
  - **What concerns do you have?**
  - **What questions or concerns does your husband or partner have about your condition?**
  - **What do you plan to do to protect yourself from getting pregnant again?**
  - **What made you decide to use the same method as your sister/friend/cousin/etc.?**

(continued)

## Appendix B (continued)

### Pretest/Posttest on Postabortion Counseling

#### Answer Key

7. Give two signs of effective listening. (How can you tell someone is listening attentively?) (2 points)

*Possible responses include:*

- Maintaining eye contact with the speaker (within cultural norms)
- Demonstrating interest
- Being attentive to the speaker; not doing other tasks at the same time and not interrupting
- Asking questions
- Showing empathy
- Reflecting (i.e., repeating, using your own words to confirm understanding)
- Interpreting the feelings and emotions behind what is being said
- Integrating what has been said into further discussion
- Not talking to other people while listening
- Showing a genuine interest in the topic

8. What is the minimum essential information on family planning that you should tell every postabortion client? (3 points)

1. That she will be at risk of repeat pregnancy as soon as 11 days after treatment.
2. That there are a variety of safe family planning methods that can be used immediately after treatment to avoid pregnancy.
3. Where and how to obtain family planning services (at the time of treatment or discharge, or afterward)

9. List three methods of family planning that can be used safely postabortion. (3 points)

*Possible responses include:*

- Condoms
- Oral contraceptives (the Pill)
- Injectables (DMPA/Depo-Provera or NET-EN)
- Norplant implants
- Spermicidal foams, jellies, tablets, sponge, or film
- Diaphragm or cervical cap
- IUD (with certain exceptions)
- Tubal ligation (with certain exceptions)
- Vasectomy

10. Informed choice means (check *all* answers that are true): (2 points)

- The client has been given full information.
- The client cannot leave the service site without choosing a method.
- The provider helps the client to make a decision.
- Family members motivate the client to choose a particular method.

(continued)

## Appendix B (continued)

### Pretest/Posttest on Postabortion Counseling

#### Answer Key

11. Candidiasis (yeast infection) and bacterial vaginosis are sexually transmitted infections. (1 point)

**False.** (*They are RTIs, but they are generally not sexually transmitted.*)

12. What is empathy? (1 point)

**Putting yourself in the client's position and understanding her point of view as if it were your own.**

13. Give two examples of problems that require referral, and tell where you would refer the client. (2 points)

*Possible responses include:*

- **Tuberculosis or respiratory infection; referral to other health care providers or specialists**
- **Loss of an intended pregnancy, or inability to carry a pregnancy to term; referral to an obstetric-gynecologic specialist, or fertility specialist**
- **Rape, domestic violence, or incest; referral to a rape crisis center, legal services, other social or women's services, or a religious institution**
- **Inability to afford a family planning method, or limited or insufficient food or money; referral to free or low-cost family planning services, or to social services**
- **Emotional distress; referral to a psychologist or counselor, or a religious institution**

14. Give two examples of how to create a more comfortable environment for counseling. (2 points)

*Possible responses include:*

- **Make sure the client is ready to talk**
- **Sit or stand on the same level as the client**
- **Speak in a low voice**
- **Shut the door**
- **Speak in the mother tongue or local language**
- **Ensure confidentiality**

15. List two warning signs indicating that a woman should seek medical attention after her PAC treatment. (2 points)

*Possible responses include:*

- **Fever**
- **Dizziness, lightheadedness, or fainting**
- **Abdominal pain**
- **Severe cramping**
- **Nausea, vomiting**
- **Heavy bleeding (twice as heavy as a normal period)**
- **Vaginal discharge that smells bad**

*(continued)*

## Appendix B (continued)

### Pretest/Posttest on Postabortion Counseling

#### Answer Key

16. Define *postabortion counseling*. (3 points)
- Providing emotional support, information, and help with decision making to clients before, during, and after treatment.**
17. What key information should you tell every postabortion client about RTIs and STIs? (3 points)
- This depends in part on what three key points the group identified. Likely answers are listed below.*
- **Tell the client that she is at risk and how to prevent infection (and to use a dual method if she or her partner has other partners)**
  - **Describe the signs and symptoms of RTIs and STIs**
  - **Explain where, when, and how the client may seek treatment**
18. A woman arrives at your site with an incomplete abortion. Use simple language to describe what is happening in her body and how you will treat the problem. (2 points)
- A possible response might be:*
- Explain that she was pregnant, but then the pregnancy ended, and now there is tissue left in her “womb,” or uterus. The provider will use suction to remove the tissue. This will take \_\_\_ minutes [with the time dependent on the method to be used], and she will be given an analgesic beforehand to lessen any discomfort she might feel. Afterward, she can rest for a while and then go home again. (The details will vary, depending on method of treatment.)**

## Appendix C

### Transparencies and Activity Materials

You may wish to make transparencies and/or photocopies of the following items prior to the training. If an overhead projector is not available, prepare flipcharts to display during the training.

Session	Title	Page
2	Transparency 2-A Ambiguous Figure	164
4	Transparency 4-A Sample Diagram	165
5	Transparency 5-A Minimum Essential Information about Family Planning for the Postabortion Client	166
	Transparency 5-B Family Planning Information and Counseling for the Postabortion Client	167
6	Transparency 6-A Sample Case Study 1: "Daisy"	168
	Transparency 6-B Sample Case Study 2: "Diana"	169
7	Transparency 7-A Sample "Map" for Case-Study Client Walk-Through of PAC Services	170
	Transparency 7-B General Requirements of Pain Control (During Uterine Evacuation with an Awake Client)	171
8	Transparency 8-A Sample Postabortion Counseling Checklists	172

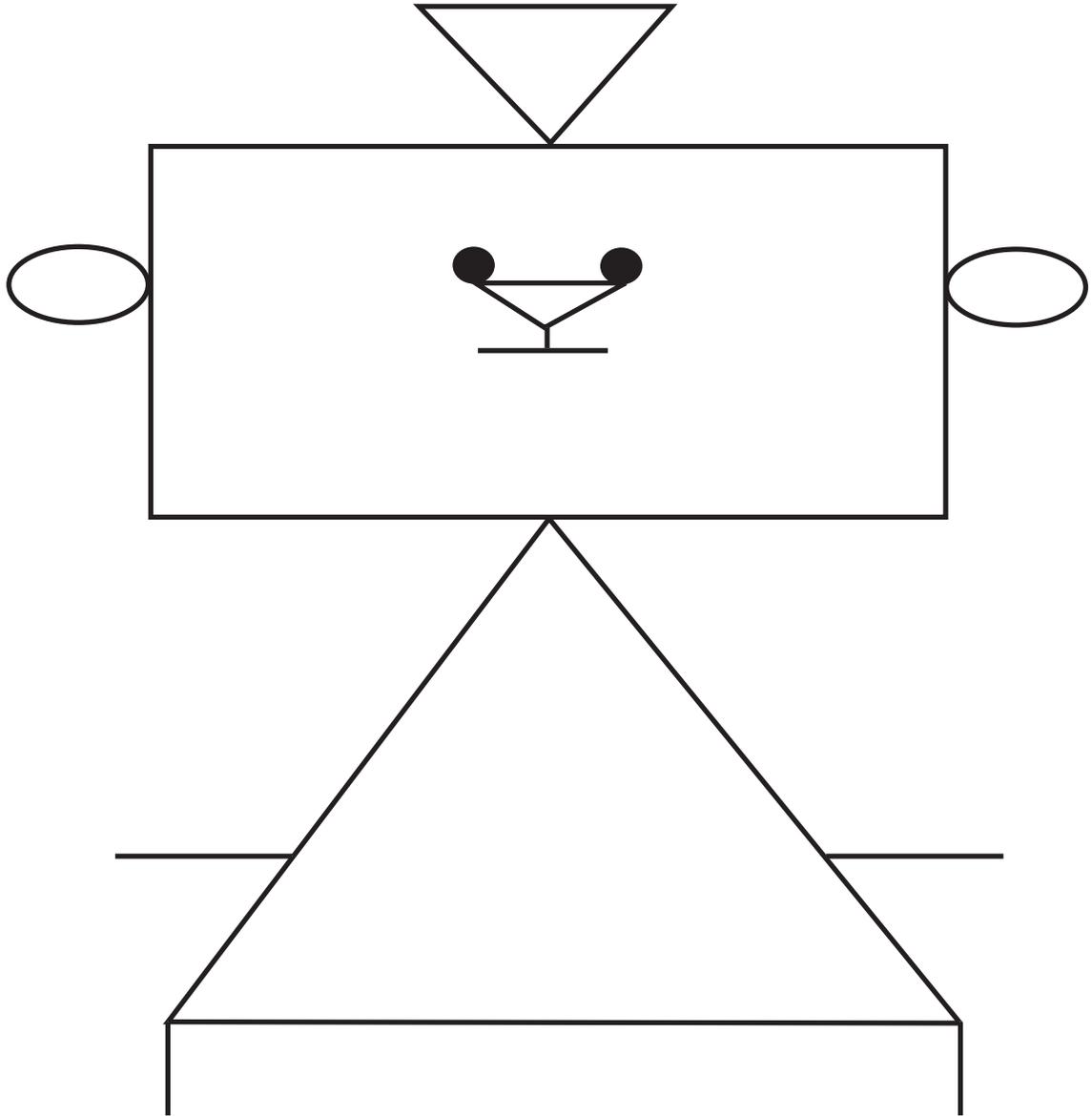
## Appendix C

### Transparency 2-A: Ambiguous Figure



Source: Boring, E. G. 1930. A new ambiguous figure. *American Journal of Psychology* July:444.

**Appendix C**  
**Transparency 4-A: Sample Diagram**



## **Appendix C**

### **Transparency 5-A**

# **Minimum Essential Information about Family Planning for the Postabortion Client**

- ✓ That she will be at risk of repeat pregnancy as soon as 11 days after treatment
  
- ✓ That there are a variety of safe family planning methods she can use immediately after treatment to avoid pregnancy
  
- ✓ Where and how to obtain family planning services (either at the time of treatment or after discharge)

## Appendix C Transparency 5-B

# Family Planning Information and Counseling for the Postabortion Client

“A woman who has an [induced] abortion signals a very clear wish not to be pregnant [at this time]. A woman who seeks an abortion in a country where abortion is not legally [or safely] available...may do so at significant risk to her life. That so many women who seek abortions overcome formidable social, legal, and personal obstacles is a testament to their will to discontinue an unwanted pregnancy. Yet little attention has been paid to reaching these women with information and services that can help prevent future pregnancies. As a result, the cycle of risk, unwanted pregnancy, and abortion may remain unbroken.”

**Adapted from:** Neamatalla, G. S., and Verme, C. S. 1995. Postabortion women: Factors influencing their family planning options. *AVSC Working Paper No. 9*. New York: AVSC International.

## **Appendix C**

### **Transparency 6-A**

## **Sample Case Study 1: Daisy**

Daisy is a 17-year-old high school graduate, the eldest sibling, and the hope of her parents to help her two younger brothers and three sisters through school. She was disowned by her parents when they discovered that she had spent a night with her boyfriend, Ronnie. As a result, she was forced to live with Ronnie, who is still a high school student. Ronnie's parents are now burdened with an additional dependent, which Daisy senses. When Daisy missed her monthly period and noticed spotting a few days later, she didn't bother to tell Ronnie and his family, thinking that it was just her delayed menses. The spotting progressed to bleeding, with lower abdominal cramps. She had to change sanitary napkins more frequently than she had during her previous menses. This prompted her to tell Ronnie's mother about her condition. Thus, she was brought to the hospital.

## Appendix C

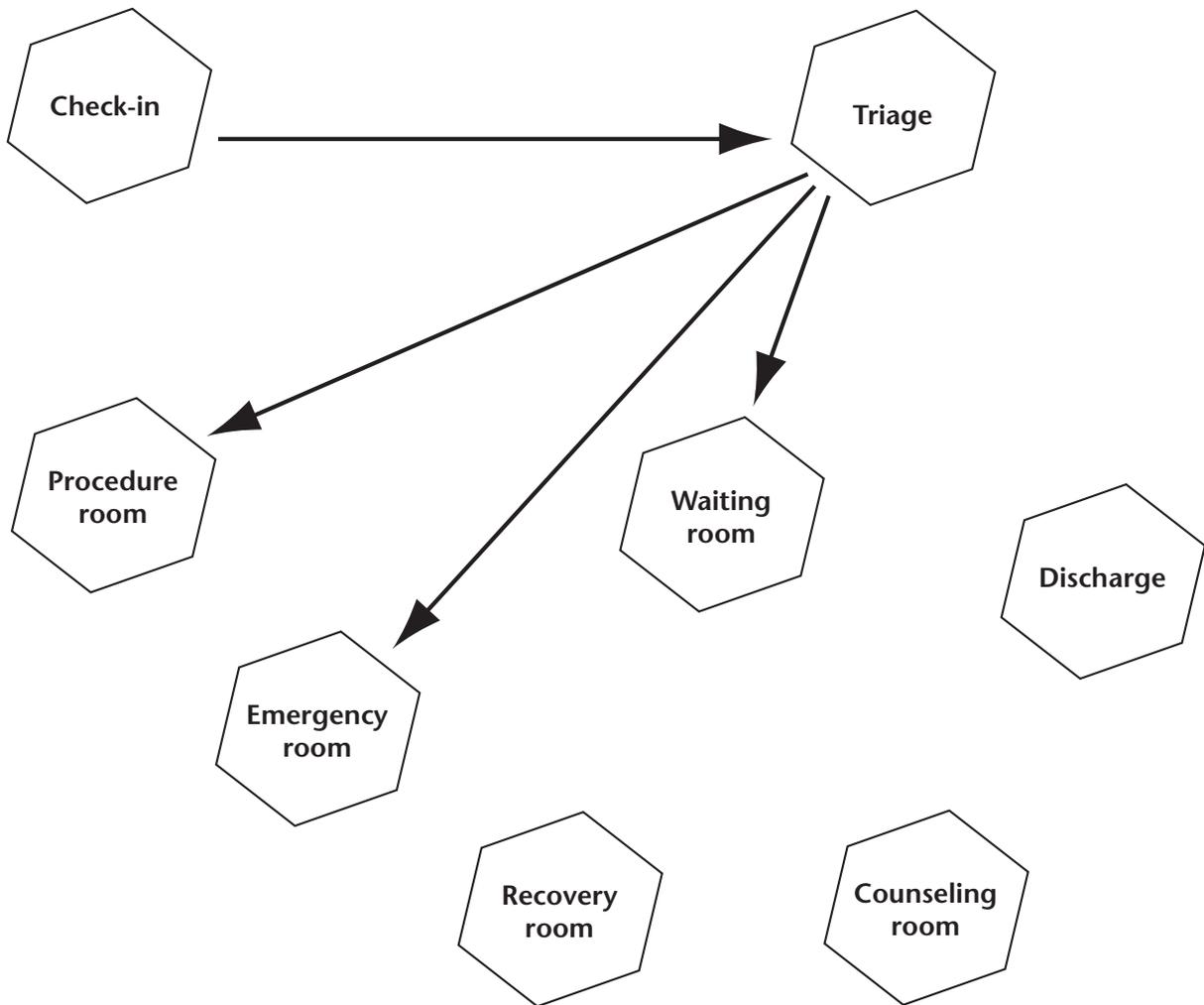
### Transparency 6-B

## Sample Case Study 2: Diana

Diana is a 23-year-old high school dropout now on her sixth pregnancy and is married to Jaime, a construction worker. The couple has five daughters, and they live with Jaime's parents. Diana and Jaime hope that the sixth baby will be a boy. Despite financial difficulties, they are excited to be having another child. One day, Diana went to visit her mother in a nearby town after doing her routine household chores. When she arrived home, she noticed some light spotting, which she believed was the result of her travel, but she did not tell Jaime about the bleeding. The next day, just after Jaime left for work, Diana had more vaginal spotting. She went to the hospital with her mother-in-law. She was afraid of losing the baby, of being a financial burden to her in-laws, and of not keeping her partner. She was also afraid of losing the harmonious relationship with her in-laws and felt guilty for not doing the best for her baby.

**Appendix C**  
**Transparency 7-A**

**Sample “Map” for Case-Study Client  
Walk-Through of PAC Services (incomplete)**



## Appendix C

### Transparency 7-B

## General Requirements of Pain Control (During Uterine Evacuation with an Awake Client)

- 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

**Adapted from:** 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.

## Appendix C Transparency 8-A

### Sample Postabortion Counseling Checklist

Preprocedure (Plus Information on the Procedure [D&C or MVA])

Information to Be Gathered	Responses/Data Collected
<p><i>Demographic</i></p> <ul style="list-style-type: none"> <li>▪ Which data to gather will depend on the country context</li> </ul>	
<p><i>Chief complaint(s)</i></p> <ul style="list-style-type: none"> <li>▪ What</li> <li>▪ Since when</li> <li>▪ Duration</li> <li>▪ Character</li> <li>▪ Associated signs/symptoms</li> </ul>	
<p><i>Questions to ask</i></p> <ul style="list-style-type: none"> <li>▪ How did the bleeding start?</li> <li>▪ Was something done to start the bleeding?</li> <li>▪ Aside from blood, have you passed meaty material through the vagina?</li> <li>▪ Do you have pain? Where? When did it start? How bad is it?</li> <li>▪ Have you had fever? Chills?</li> <li>▪ Have you felt weak? Have you fainted? Have you collapsed?</li> </ul>	
<p><i>Medical history</i></p> <ul style="list-style-type: none"> <li>▪ Diabetes</li> <li>▪ Hypertension</li> <li>▪ Tuberculosis</li> <li>▪ New growths</li> <li>▪ Others</li> </ul>	
<p><i>Obstetric-gynecologic/menstrual history</i></p> <ul style="list-style-type: none"> <li>▪ Date of last menstrual period</li> <li>▪ Duration and character of menses</li> <li>▪ Parity</li> <li>▪ Gravidity</li> <li>▪ Abortions</li> <li>▪ Number of living children</li> </ul>	

(continued)

## Appendix C

### Transparency 8-A (continued)

#### Sample Postabortion Counseling Checklist

Preprocedure (Plus Information on the Procedure [D&C or MVA])

Information to Be Gathered	Responses/Data Collected
<p><i>Information to be given to the client</i></p> <ul style="list-style-type: none"> <li>■ Overall physical condition</li> <li>■ Results of physical and pelvic examinations and laboratory tests</li> <li>■ Time frame for treatment</li> <li>■ Need for referral and transport to another facility</li> <li>■ Procedures to be done, as well as risks and benefits</li> <li>■ Explanation of how D&amp;C or MVA is done (steps, effects of drugs used, possible examination, expected feelings, procedure room set-up description, consent), as well as expected length of hospital stay</li> <li>■ Referral/vehicle for transport</li> </ul>	
<p>Ask the client for any questions and answer appropriately</p>	
<p>Explore the client's needs and feelings about her situation/future plans</p>	

(continued)

## Appendix C Transparency 8-A (continued)

### Sample Postabortion Counseling Checklist Postprocedure

Steps	Notes
<p>Explore the client’s feelings, questions, and concerns after the procedure; provide support and encouragement</p> <p>Remind the client of possible side effects, risks, and warning signs; she should return if warning signs occur</p> <p>Tell the client how to take care of herself at home</p> <p>Give the client written postprocedure information</p> <p>Remind the client of the importance of follow-up</p> <p>Discuss/describe/provide available contraceptive methods, as appropriate</p> <p>Discuss RTIs/STIs:</p> <ul style="list-style-type: none"> <li>▪ Signs and symptoms</li> <li>▪ Why and how to prevent</li> <li>▪ Where to go for services</li> </ul> <p>Assess the need for additional counseling and/or referral for other reproductive needs or nonmedical issues:</p> <ul style="list-style-type: none"> <li>▪ Medical</li> <li>▪ Social</li> <li>▪ Economic</li> </ul>	

**General notes:**

## Appendix D

### Sample Case Studies

*The following case studies can be used as examples for Session 3, Part A; additionally, if there is not sufficient time to develop original case studies, the participants may adapt some of these cases to fit their local reality. All names and cases are fictional.*

#### Case Study 1: Pembeley

Pembeley is a 28-year-old nurse. She is single and lives in an upper-middle-class neighborhood with her family. Pembeley got pregnant with Nabile, a pharmaceutical sales representative who calls on the private hospital where she works as a nurse. Pembeley told Nabile that she was pregnant and that she had decided to keep the baby, regardless of whether he would be involved in raising the child. At 10 weeks' gestation, Pembeley had a spontaneous abortion, and she went to a local public hospital with heavy bleeding. Because she was unmarried, the providers in the hospital assumed she had induced the abortion and made her wait several hours for treatment, performing her procedure only after attending to all of the other women seeking care on that day. She was rebuked for her immoral behavior and carelessness, and for getting pregnant as a single woman. When Pembeley requested birth control pills, the nurses told her that she'd have to visit the family planning clinic next door during its regular operating hours, but they also warned that the clinic did not routinely provide methods to unmarried women.

#### Case Study 2: Paloma

Paloma is a 20-year-old high school graduate who works as a salesgirl in a department store. She had been living with her boyfriend in his parents' home for more than a year when she found out that she was two months pregnant. The couple were happy about her pregnancy, but Paloma was hesitant to tell her boyfriend's family about it, anticipating some kind of reprimand from his mother, who had been telling them that they should go on their own by this time. One night, Paloma's boyfriend came home drunk and started a fight with her. He accidentally hit her abdomen during the fight, and later that night she felt severe crampy pains in her lower abdomen. Moderately profuse vaginal bleeding followed, which frightened her. Early the following morning, feeling weak, she went to the hospital alone, as her boyfriend was still asleep. At the hospital, she could not understand why the doctor and the nurse did not seem to believe her story, as they told her to admit that she had done something else to get rid of her baby. Why would she do that? She stared at them in disbelief, feeling numb for the loss of her baby. After about an hour, she was brought into a room where she was told she would be treated. She felt scared of how these unfriendly people would treat her, and she was afraid to tell them she had only a small amount of money. Paloma had never felt so alone as she did now.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 3: Sylvia

Sylvia is a 34-year-old widow with three children. When her husband died two years ago, Sylvia began working six days a week at a clothing factory, and her income just barely supports her children and herself. This year, Sylvia started a relationship with a man in her village, and their plan was to marry in a year's time, once they have saved enough money to acquire a home for the entire family. They hope to have a child together one day, but they cannot afford one for at least another two or three years. When Sylvia got pregnant, she obtained misoprostol\* from her co-worker at the factory, who instructed Sylvia to insert four tablets into her vagina to stop the pregnancy. Three days later, Sylvia went alone to the district hospital with heavy bleeding. Her condition was incomplete abortion, but during her assessment the attending physician found remnants of the misoprostol tablets in her vagina. She was not counseled before treatment or during the procedure. The providers who treated her displayed scornful attitudes, because they believed she was immoral for having induced an abortion and for having sexual relations as a widowed woman. Sylvia had hoped to request a DMPA injection from the hospital, but she was left feeling so ashamed by the time of discharge that she couldn't bear any further humiliation; therefore, she departed the hospital as quickly as possible, without any method of family planning to prevent future unwanted pregnancies.

\*Misoprostol is a prostaglandin E<sub>1</sub> analog indicated for the prevention and treatment of gastric and duodenal ulcers resulting from long-term use of nonsteroidal anti-inflammatory drugs. As a result of its abortifacient properties, women may depend on the off-label use of misoprostol to terminate their pregnancies.

#### Case Study 4: Patricia

Patricia is a 45-year-old woman married to a farmer. Patricia's husband has a history of violence and drinking, and he often forces her to have sex when he is drunk. They have 13 children, and the family makes just enough money to survive. Patricia has never used a family planning method, but she intended to undergo tubal ligation several times. Most recently, she missed her menstruation for two months but assumed that this was the result of early menopause. When she experienced mild hypogastric pain and vaginal spotting, she consulted a local health clinic and learned that she was pregnant. She was given medications and was advised to have bed rest at home. Patricia did not want any more children, and she did not inform her husband of the pregnancy. She attempted to cause a miscarriage by carrying around a heavy bucket of water for several hours, which eventually led to moderate vaginal bleeding. She went directly to the hospital, where her bleeding worsened. She was conscious and reasonably calm, but in mild pain. After examination, the doctor told Patricia that she would have to undergo dilation and curettage. Familiar with the procedure, she got frightened that her husband might get mad about her inability to work during the postsurgery recovery period.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 5: Claudine

Claudine is a 17-year-old single college student who comes from a middle-class family. As the eldest in the family, she was expected to support her brothers and sisters after she finished her studies. She got pregnant for the first time with her boyfriend, who was also a student and was not ready to raise a family. Fearing that her parents would not let her continue her studies if they learned of her pregnancy, Claudine went to a quack to obtain an abortion. Severe abdominal pain and a fever prompted her mother to bring her to the local hospital a few days later. She was taken to the nontrauma area of the emergency room and prepared for uterine evacuation, but no one told Claudine what would happen to her during treatment. In the meantime, her mother was informed of her condition by hospital staff.

#### Case Study 6: Marisol

Marisol is 43 years old and the mother of six children. She lives in a lower-middle-class rural area, and in addition to her work as a wife and a mother, she does much of the work to maintain the family farm. Marisol has had eight pregnancies, one of which aborted spontaneously and one of which was a stillbirth. At this point in her life, she does not wish to have any more children, but she has never used any method of family planning. Marisol became pregnant for the ninth time and consulted her husband for advice. He recommended that she obtain an abortion from a traditional birth attendant (TBA) in their community. Marisol visited the TBA and received a vigorous massage intended to terminate the pregnancy. When she began to bleed heavily, Marisol returned to the TBA for help but was instructed to go to the hospital instead. At the hospital, the providers would not treat her until she confessed to inducing an abortion. The doctors and nurses chastised her for murdering an unborn child and threatened to report her to the local authorities. No one ever talked to her about how to avoid becoming pregnant again in the future.

#### Case Study 7: Susan

Susan is 37 years old and is married to Theo, a military man. She is a college graduate and has no children but is on her second pregnancy. She works long days as a cashier in a restaurant, six days a week. Susan and Theo have been married for five years, and they were excited to learn of the pregnancy. With Theo away on fieldwork, Susan was always left alone at home. One night when she was on her way home from work, she experienced moderate abdominal pain followed by moderate vaginal bleeding. She went immediately to the hospital, where she was brought directly to the emergency room. She was crying and feeling worried because she was alone and did not have any money on hand. When a physical examination was done, the doctor noted vulvar lesions and a greenish vaginal discharge. The doctor found out her cervix was open and meaty tissue was found in the vagina. She was diagnosed to have had an abortion.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 8: Anna

Anna is a 35-year-old woman who works abroad for the majority of the year. She is married to a fisherman and has four children. After being on home leave for three months, Anna was due to return to her work abroad in two weeks. When she discovered that she was pregnant, she visited a midwife, who inserted a catheter into her uterus. The midwife told Anna that she would have an abortion in three days' time. The vaginal bleeding and abdominal pain began three days after Anna visited the midwife. She also had a fever and felt very weak. Anna then told her husband about the abortion, and he scolded her and called her a murderer before taking her to the hospital. Anna asked the doctors if she was dying and blamed her husband for refusing to wear a condom. She verbalized her anger at the midwife and repeatedly asked if she would be released soon, to return to work at her overseas job. The doctor told her that she would have to undergo a uterine evacuation using MVA, and she was terrified. Anna hoped that she would at least be asleep during the procedure so that she would not have to endure any more pain.

#### Case Study 9: Nicole

Nicole is 23 years old and single, with one child. She lives independently and goes out with "sugar daddies," who give her money and gifts in exchange for sex. Nicole has never used contraception and has a history of STIs. After she missed her menses for two months, Nicole took misoprostol\* (two tablets orally and two vaginally). Alarmed that she was still bleeding four days later and feeling very weak, she went to the hospital and demanded to be attended to immediately. The doctor found on exam that her cervix was open and her vagina contained clotted blood and placental tissue. The doctor told her that she would have to undergo a uterine evacuation. She verbalized her fear of the procedure, lamented getting pregnant, and began to weep openly. The nurse preparing her for treatment scolded Nicole for the irresponsible and immoral behavior that resulted in her pregnancy.

\*Misoprostol is a prostaglandin E<sub>1</sub> analog indicated for the prevention and treatment of gastric and duodenal ulcers resulting from long-term use of nonsteroidal anti-inflammatory drugs. As a result of its abortifacient properties, women may depend on the off-label use of misoprostol to terminate their pregnancies.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 10: Anupa

Anupa is a 17-year-old student living in a rural area. She has no children but would like to raise a family in two or three years. Anupa and her boyfriend were using natural family planning; they did not have intercourse during the days when they thought she was not fertile. When Anupa got pregnant, she and her boyfriend concluded that they were not prepared to have a baby yet. Although abortion is legally available in her country, Anupa had heard rumors that in the public clinic all abortion clients are forced to accept permanent or long-term family planning methods. To avoid this risk, Anupa consulted a traditional healer in her village. The healer gave Anupa an herbal drink and then inserted sticks into her vagina. Anupa was in tremendous pain both during and after the procedure, and after four days of bleeding, severe cramping, and fever she finally went to a government clinic for care. The clinic agreed to treat her on the condition that she would accept an IUD, and in desperation Anupa concurred with this requirement. By the time she was seen by a provider, Anupa's complications and infection were very advanced.

#### Case Study 11: Rose

Rose is a 46-year-old housewife who found out that she was three months pregnant only a year after she had had her eighth child. She did not know she was pregnant until she had a pregnancy test at the health center, since her menses has not returned after her last delivery. The midwife assigned in their area gave her some condoms, but there were times her husband did not like to use them. Her pregnancy worried her, as her husband's pay was barely enough for their family. Also, her eldest daughter, who is 17, had just given birth two months ago, and Rose felt ashamed to be pregnant again when she was already a grandmother. She decided to go to a traditional healer, who inserted a catheter into her uterus. The traditional healer assured her everything would be fine. For three days, Rose stayed in bed bleeding silently. She was forced to tell her husband what she had done when she developed high-grade fever and chills. Her husband rushed her to the hospital, where she had to undergo a hysterectomy because of uterine lacerations and infection. She was angry with the traditional healer for telling her everything would be fine, when in fact she almost died. She felt better after a week and was relieved that her problems were over, although she continued to feel pangs of guilt whenever she saw her husband looking sad and quiet.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 12: Fen

Fen is a 26-year-old housewife with two children. Fen's husband is a carpenter who works away from home during the week and comes home every weekend. Fen has already missed three periods and realized that she is pregnant. A few days ago, she felt abdominal pain. Later that day, the pain became worse and she began to have vaginal bleeding. Fen asked her mother to watch the children so she could go to the hospital. At the hospital, the doctor did an ultrasound and told Fen that she needed to undergo uterine evacuation. Fen did not understand what this meant, and she felt even more worried because her husband was not around and did not know about her condition. The following day, the husband arrived from work worried and confused that his wife was in the hospital. Meanwhile, Fen learned from the nurses that she had lost her pregnancy, and she began to feel depressed and lonely.

#### Case Study 13: Lerma

Lerma is a 21-year-old unemployed high school graduate. She has one child and has been married for three days to a rickshaw driver. Lerma has missed her menstruation for two months. Two days prior to her wedding, she had some vaginal bleeding that she thought was her menstruation. Eight hours later she had hypogastric pain that prompted her to consult a doctor. Her husband and mother accompanied her to the hospital. On the same day an ultrasound was done, and Lerma was told that she was two months pregnant and that the baby could not be saved. The couple accepted the news with mixed feelings—excitement and sadness at the same time. The doctors told Lerma that she would have to have uterine evacuation using MVA. The thought of losing her baby and waiting for the procedure made her nervous, anxious, and afraid. She also feared that she might not be able to carry a future pregnancy to term after this surgery.

#### Case Study 14: Diana

Diana is a 23-year-old high school dropout now on her sixth pregnancy and is married to Jaime, a construction worker. The couple has five daughters, and they live with Jaime's parents. Diana and Jaime hope that the sixth baby will be a boy. Despite financial difficulties, they are excited to be having another child. One day, Diana went to visit her mother in a nearby town after doing her routine household chores. When she arrived home, she noticed some light spotting, which she believed was the result of her travel, but she did not tell Jaime about the bleeding. The next day, just after Jaime left for work, Diana had more vaginal spotting. She went to the hospital with her mother-in-law. She was afraid of losing the baby, of being a financial burden to her in-laws, and of not keeping her partner. She was also afraid of losing the harmonious relationship with her in-laws and felt guilty for not doing the best for her baby.

*(continued)*

## Appendix D (continued)

### Sample Case Studies

#### Case Study 15: Mia

Mia is a 30-year-old married housewife. She is a high school graduate, and her husband is a factory worker. They have two children. Mia's last pregnancy was eight months ago. She delivered at a government hospital, where a nurse told Mia that she was protected from pregnancy as long as she was completely breastfeeding her baby and that she should come back for family planning when she stopped breastfeeding. One month ago, Mia went to the outpatient department of the same hospital, and after her check-up she learned that she was pregnant. She could not believe the news, because the nurse had said that breastfeeding would protect against pregnancy. Mia wanted another baby, but not so soon. Three days afterward, she visited a traditional healer to terminate the pregnancy. That evening she experienced abdominal cramping and vaginal bleeding. Her husband brought her to the emergency room, and after examination the doctor told Mia that she was having an abortion, for which an MVA procedure would be done. She started crying and saying repeatedly that she did not want to harm her baby, but that it was too soon to have another pregnancy. Her husband tried to comfort her, but nothing he said could lessen her feelings of guilt.

#### Case Study 16: Annabel

Annabel is a 24-year-old escort at the local expatriate club, and she fell in love with a handsome American diplomat who frequented the establishment. They lived together at the diplomat's plush condominium for about three months. Annabel was happy with her life and felt even more elated when she became pregnant. She thought that the pregnancy was her chance to hold onto her boyfriend. Then when she started to have vaginal spotting, Annabel's boyfriend took her to the hospital, where the doctor explained that she was experiencing threatened abortion. She felt sad, and feared that she might lose both her baby and her boyfriend.

#### Case Study 17: Rita

Rita is a 23-year-old married woman and works as a nurse in a government hospital. She and her husband live with the husband's family. Rita missed her menstruation and suspected that she was pregnant, but she did not have time to get antenatal care because she was constantly busy between her job and her housework. Rita was two months pregnant when after a very tiring shift at the hospital she noticed blood in her underwear. Rita told her husband about it, and her husband shared this information with his mother-in-law. Rita took the advice of her mother, who told her to take time off from work to avoid losing the pregnancy. Once the bleeding stopped, Rita returned to work, and then she began to bleed again, this time profusely. Rita was admitted to the hospital and a D&C was performed. She was advised by the doctor to rest and postpone another pregnancy for a while. The doctor also informed Rita that her next pregnancy would require serious management. Rita's husband and mother-in-law were saddened by the news, and Rita blamed herself for not following her mother-in-law's advice.

(continued)

## Appendix D (continued)

### Sample Case Studies

#### Case Study 18: Nasim

Nasim is a 22-year-old single woman working as an employee in an export processing plant in a small village. She comes from an urban middle-class family, and her parents are very religious. Unknown to the parents, she was living with her married boyfriend while living in the village and working at the plant. Nasim does not use any form of contraception and engages in unprotected sex with her boyfriend. When Nasim learned that she was pregnant, she was happy about the news but feared how her parents would react. Her boyfriend did not welcome the news of her pregnancy and suggested that she terminate it. Nasim was angry with her boyfriend for not giving her the support she expected. On one of her trips to the city, she bought some herbs reputed to make her menstruation return. She drank the concoction regularly while visiting her family, and two weeks afterward she noticed some spotting on her underwear. The bleeding continued, accompanied by abdominal pain. She became apprehensive but was afraid to tell her parents about her problem. When Nasim could no longer bear the pain, she asked to be brought to the family doctor, still ambulatory and coherent, and she underwent curettage. Her parents were furious when they learned of her condition and threatened to disinherit or disown her. Nasim was angry and frustrated but had no one to talk to. She was angry with her boyfriend for not being there when she needed him most, angry with her parents for not understanding her, and most of all angry with herself for her own behavior that brought about this situation.

#### Case Study 19: Leah

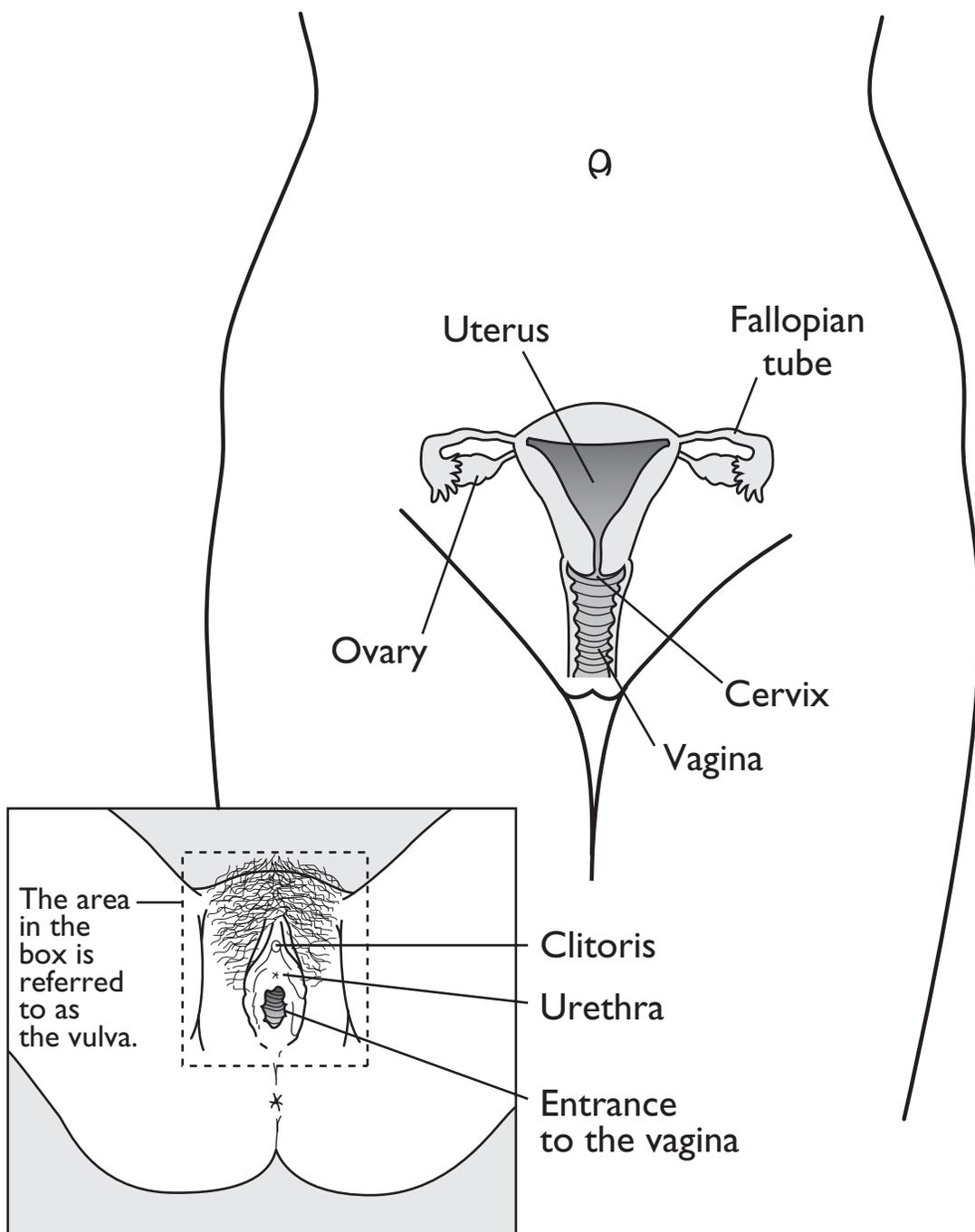
Leah is a 37-year-old clerk in a local store, married to a security guard. They have one 4-year-old daughter, whom Leah carries on her way home from work each day. When Leah's menstruation was two months late, she went to the clinic for a pregnancy test. The test was positive, and the whole family was very happy. The couple planned to have this pregnancy because Leah was getting older, and they believed that this was a lucky year. One night Leah noticed a spot of blood on her underwear. She was a bit alarmed but managed to rest that night. The next morning she felt mild hypogastric pain and had moderate vaginal bleeding. She left her daughter with a neighbor and went directly to the hospital by herself. After the exam, the doctor informed her that an emergency D&C would need to be done. Leah cried, fearing the procedure and her husband's reaction. After treatment, she was brought to the ward, and her husband arrived three hours later. Leah was even more frightened when she saw him.

**Source:** The case studies for Sylvia, Pembeley, Anupa, and Marisol were taken from Tabbutt-Henry, J., and Graff, K. 2002. *Counseling the postabortion woman: Client-provider communication in postabortion care*. Draft. New York: EngenderHealth; all others were adapted from stories developed by staff from EngenderHealth's Philippines program.

## Appendix E

# The Female and Male Reproductive Systems

### The Female Reproductive System

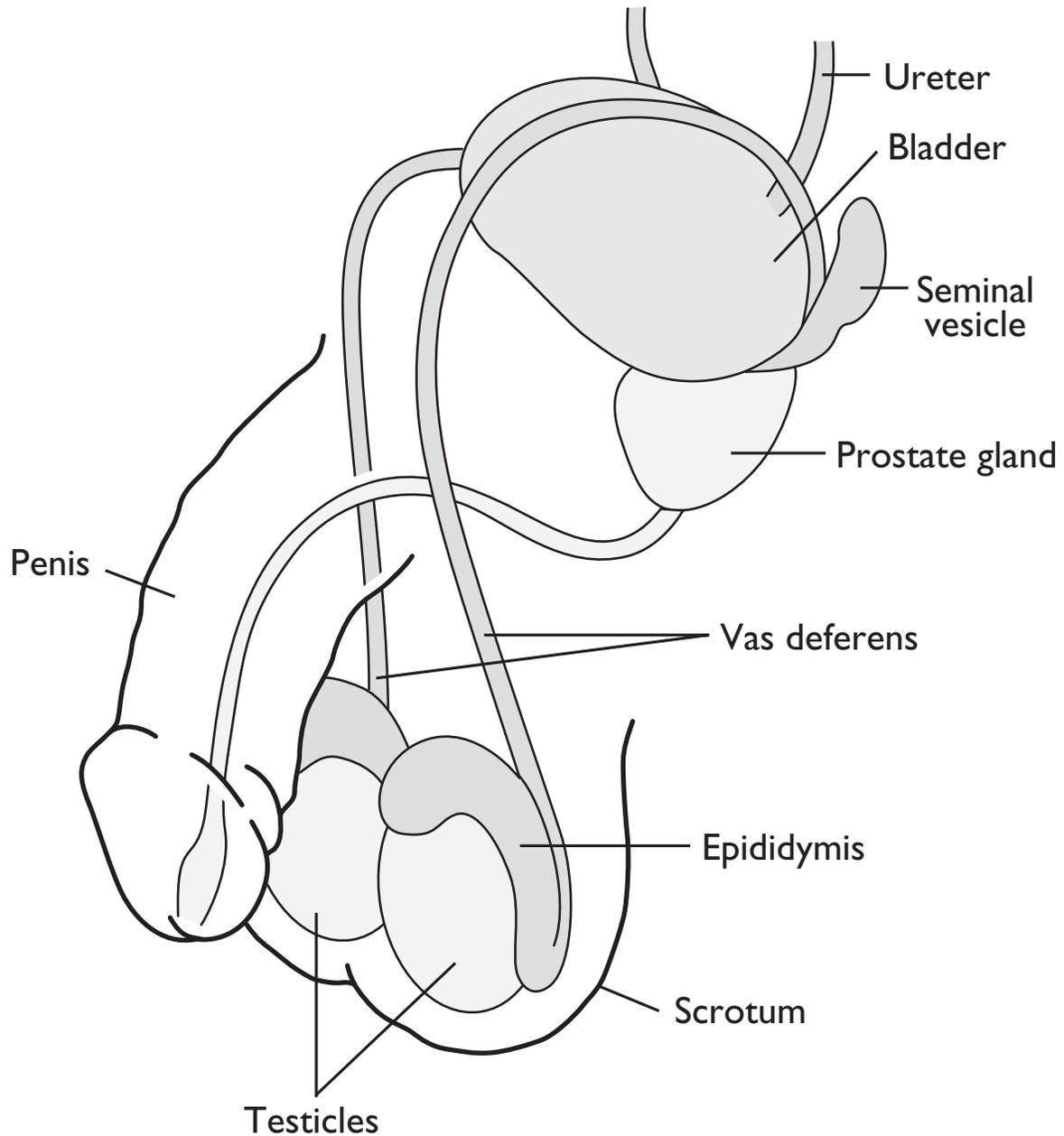


Adapted from: AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York.

## Appendix E (continued)

# The Female and Male Reproductive Systems

## The Male Reproductive System



Adapted from: AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York.

## Appendix F

### Additional Trainer's Resources

Leonard, A. H., and Ladipo, O. A. 1994. Post-abortion family planning: Factors in individual choice of contraceptive methods. *Advances in Abortion Care* 4(2):1-4.

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Salter, C., Johnson, H. B., and Hengen, N. 1997. Care for postabortion complications: Saving women's lives. *Population Reports*, series L, no. 10. Baltimore: Johns Hopkins University, Population Information Program.

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

Wolf, M., and Benson, J. 1994. Meeting women's needs for post-abortion family planning: Report of a Bellagio Technical Working Group, Bellagio, Italy, February 1-5, 1993. *International Journal of Gynecology and Obstetrics* 45 (Suppl).

World Health Organization (WHO). 1995. Information and counselling for the patient. In *Complications of abortion: Technical and managerial guidelines for prevention and treatment*. Geneva, pp. 71-76.



## Appendix G

### Sample Client-Education Material

This material can be used as a guide for developing local-language client-education materials. Review it before use, and modify the content slightly, as needed, to fit your local setting.

*Source:* The text from this sample material was translated and adapted from a brochure developed by EngenderHealth's Dominican Republic program.

#### Front Cover

**AFTER LOSING A PREGNANCY,  
YOU NEED TO TAKE CARE OF YOURSELF**

#### Inside: Page 1

The loss of a pregnancy can affect you physically and emotionally. To recover, it is important to:

- Seek and receive support from the health care staff at the service site.
- Have support from your partner.
- Have support from your family or from people close to you.
- Practice good hygiene. (Wash your genitals well at least twice a day.)
- Eat well. (Eat according to your normal diet and drink enough liquids.)
- Use only those medications that were prescribed to you in the hospital, until you finish the full treatment.
- Initiate sexual relations only after the bleeding has stopped and when you feel comfortable. (One of the most important parts of care for you right now is to protect yourself against unwanted pregnancy. Use a method of family planning until you and your partner both decide that you are prepared for a new pregnancy.)

#### Inside: Page 2

To prevent future pregnancies, choose a family planning method. When you leave the hospital, you can use:

- *The IUD:* The intrauterine device (IUD) is a method for temporary use, shaped like a "T," that is placed inside the uterus or womb to prevent pregnancies. If you decide to use it, it offers you up to 10 years of protection.
- *Injectables:* An injectable such as Depo-Provera is a temporary method for women. You get an injection every three months.
- *Norplant implants:* Norplant implants are a temporary method for women. Two or six little tubes are placed under the skin of your arm. It offers you at least five years of protection.
- *The Pill:* This is a temporary method for women. To protect against unwanted pregnancy, you take one pill every day at the same time.
- *Tubal ligation or vasectomy:* These are permanent family planning methods for women or men who already have their desired number of children. The procedure can be done at any time that you or your partner decide.

(continued)

## Appendix G (continued) Sample Client-Education Material

### Inside: Page 2 (continued)

When you decide to have sexual relations, you can use:

- *The condom:* The condom is a temporary method for a couple to use during sexual relations to prevent pregnancy and the transmission of sexually transmitted infections (STIs), including HIV.
- *Foaming tablets, sponges, and foam:* These are temporary methods. You just need to put one of them into your vagina before sexual relations to avoid pregnancy.

Health care staff can help you and your partner choose the most appropriate method and can address your concerns about family planning or other health issues.

### Back Cover

You should return to the hospital:

- For a follow-up visit on \_\_\_\_\_ (date), or
- If you experience one or more of the following symptoms:
  - ▼ Heavy bleeding
  - ▼ Vaginal secretions or bleeding with a foul odor
  - ▼ Fever
  - ▼ Dizziness
  - ▼ Severe cramps
  - ▼ Severe abdominal pain (below the belly button)
  - ▼ Severe and frequent headaches

Remember:

- You have the right to ask for and receive information from the health care staff.
- You should return to the hospital for a check-up, or immediately if you have one or more of the symptoms listed above.
- Unsafe abortions affect your health and can even cause death.
- The condom is a method that protects you from pregnancy and from STIs, including HIV.
- You can use the family planning methods presented here immediately after losing a pregnancy or when you decide to have sexual relations.

## Appendix H

### Workshop Evaluation Form

*Instructions:* For each item, check the box that best reflects your opinion. Your honest responses will help us improve future trainings. Your comments are also welcome.

Name (optional): \_\_\_\_\_

1. The objectives of the training were:

Very clear

Clear

Not clear

Comments: \_\_\_\_\_

\_\_\_\_\_

2. The objectives of the training were:

Completely met

Mostly met

Insufficiently met

Comments: \_\_\_\_\_

\_\_\_\_\_

3. The length of the training was:

Too long

Adequate

Too short

Comments: \_\_\_\_\_

\_\_\_\_\_

(continued)

## Appendix H (continued) Workshop Evaluation Form

4. The workshop content maintained my interest:

- All of the time
- Most of the time
- Some of the time

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The material presented in the course was:

- Almost all new to me
- Mostly new to me
- Mostly known to me

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The skills I acquired are:

- Directly applicable to my everyday work
- Somewhat applicable to my everyday work
- Not very applicable to my everyday work

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The training facilities were:

- Very satisfactory
- Somewhat satisfactory
- Unsatisfactory

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_