Improving abortion service delivery and quality of care:

Recommendations based on experiences of women turned away from abortion care

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Synopsis: The Global Turnaway Studies investigate what happens to women who are denied legal abortion care in Bangladesh, Colombia, Nepal, South Africa, and Tunisia. Women's experiences reveal recommendations for improved quality of abortion care around the world. Improved service delivery for abortion should include accurate information for women, comprehensive training for providers, facilities prepared to provide services, and referral systems that support women denied care.

Nearly half of all abortions worldwide are performed outside of the formal health system, many in unsafe conditions.[1] The consequences of unsafe abortion can be severe for women's health and economic wellbeing, and result in a high cost burden to public health systems.[2-4] However, the relationship between the legal status of abortion and safety is not simple. Even where abortion is legal, many women cannot access safe services. And in places where abortion is restricted, illegal abortions can be safe, particularly where women have access to medication abortion.

Therefore, guidelines for safe abortion care must address the range of factors that enable or hinder access to safe services, beyond those that address the procedure itself. What constitutes quality abortion care is under-researched and lacking consensus. Only recently have quality of care standards expanded to encompass factors beyond the clinical sphere. A recent systematic review identified a catalogue of indicators for quality abortion and articulated the need for consensus on a streamlined set of evidence-based, woman-centered indicators.[5] The 2012 updated World Health Organization Technical and Policy Guidance for Health Systems on Safe Abortion highlights factors necessary not only for clinical safety but for ensuring that all women can access the safe abortion care to which they are legally entitled in a timely manner.[6]

The Global Turnaway Studies (https://www.ansirh.org/research/global-turnaway-study) found that women are denied legal abortion/menstrual regulation care even where it is legal—at rates ranging from 45% in South Africa, to 25% in Tunisia, Nepal and Bangladesh, to 2% in Colombia.[7] Reasons for denial included gestational age and barriers such as lack of trained providers, cost, misjudgment about contraindications, and requirements for unnecessary tests.[8-11] Over half of women denied care subsequently sought alternatives outside the formal health system. A number of those who received abortions at other facilities endured mistreatment and reported complications including severe bleeding, weakness, and the need for medical interventions such as blood transfusion and dilation and evacuation. Findings from these six countries demonstrate commonalities in the need for improved quality of care, despite varied contexts, laws and programs. Women's experiences point to the following five cross-cutting recommendations to improve access to quality abortion services, focusing on areas beyond the immediate clinical procedure and using illustrative quotations from study participants.

Facilitate earlier detection of pregnancy

"I had a baby a few months ago and went onto the pill…I didn't get my period after going onto the pill and the pharmacist told me that it was normal not to get a period for up to four months after having a baby. I only found out because I went in for a gynecologist appointment and the doctor felt my stomach and said "are you pregnant?" – South Africa

Some women did not realize they were pregnant if they were postpartum and breastfeeding, had irregular menstruation, were between contraceptive methods, using hormonal contraception, or were perimenopausal. Young and nulliparous women were unfamiliar with early pregnancy symptoms, and others did not experience symptoms. Providing women with increased access to pregnancy tests and reliable information about contraception, pregnancy recognition, abortion services, and ongoing pregnancy after medication abortion would facilitate improved access to early abortion. Additionally, there is a need for research on novel pregnancy recognition interventions, particularly for young and nulliparous women.

Provide comprehensive training for all medical staff on indications for abortion

"The doctor denied the abortion. She said it was because I was diabetic and that I had to go to the hospital. But, they sent me back because my glucose levels were not very high… the doctor had told me that if she did it, it would be complicated because of the diabetes." – Tunisia

"[When they found out about the abortion], they started to treat me poorly. They refused to give me pain medication. They delayed everything…I was very sore physically and emotionally and I couldn't make them be more considerate of my situation." – Colombia

Many women seeking abortion were stigmatized by providers and pressured to continue their pregnancies. In some cases, providers denied abortion care for reasons inconsistent with the law and/or standard of practice, such as being unmarried, lacking husband's consent, or having unrelated medical conditions such as asthma or diabetes.[7] Women were required to complete additional tests and onerous paperwork, which contributed to delaying the pregnancy beyond the legal gestational limit.[8] Patients were told, incorrectly, that abortion is more dangerous than childbirth and could cause cancer or infertility.[9,12] Those obtaining abortion often endured mistreatment, such as being placed with laboring women or being denied pain medication. Compassion for women's experiences with unintended pregnancy and abortion is needed, as well as training on true contraindications to abortion. Values clarification trainings may help providers, including administrative staff, to acknowledge their personal views about abortion, debunk myths about abortion indications and safety, and develop strategies to manage anti-abortion administrators and colleagues.

Ensure all authorized facilities are fully equipped and staffed

"It is not easy to get these services from villages like ours… because there are no providers in the village. Most of the village women do not know where to go or whom to go to. Cost is also a factor." – Bangladesh

Limited training opportunities, stigma, and institutional barriers constrain abortion providers. Sharing clinical responsibilities for abortion care between types of providers, including nurses, as recommended by the WHO[13], could reduce the overall burden on human resources. Research shows that trained midwives and nurses can provide medication abortion safely and effectively in many countries, including the US, Nepal, South Africa, Vietnam, India, Sweden, Kyrgyzstan; by doing so, they expand the provider base in resource-poor settings, reduce inequities in access, and improve quality and reduce costs of safe abortion care.[14-17] The availability of trained personnel, medications,

and equipment for abortion in designated facilities would improve efficiency, prevent burnout, reduce wait times and delays, and decrease unnecessary denial of services. The use of facility assessment models should be employed to assess health system and facility readiness to provide abortion care.[18,19]

Provide referral and support to women at the moment of denial

"I felt very scared when the doctor told me it wasn't possible. When they said 'no', I felt like, where am I going to go and how would I survive in this state?" – Nepal

"[With counseling and information], you're sure and you have support to back you up. You have more people helping you and you do not doubt yourself…you can say what you want or don't want. You know the risks." – Colombia

Women are often denied services without explanation or referral, given the runaround between facilities, and left with no choice but to continue the pregnancy or seek informal sector care. Some women chose to avoid delays by paying for abortion care at private facilities, but many could not afford this option. At the moment of abortion denial, women should be given information about why they were denied, the legal indications for abortion, and their options for obtaining services elsewhere. Coordination between facilities equipped for abortion and standard referral to counseling services, harm reduction strategies, prenatal care, and/or adoption would facilitate timely and safer care. Interviews with women in Colombia revealed a successful referral system, designed to facilitate access to legal cost-free abortions at a referral hospital for women denied care at the recruitment facility. An in-house legal advocacy group empowered women with knowledge about when, how and where to request legal services; this support was crucial for those who were able to obtain abortions elsewhere following denial. This system could be applied in other contexts where referral protocols are insufficient.

Expand access to quality second trimester abortion services

"There must be someone who can help me. They do it up to 24 weeks in the UK. The government is basically forcing me to get a backstreet abortion. – South Africa

Even with the implementation of recommendations 1-4 above, there will still be women in need of second-trimester abortion. Results from the Turnaway Studies demonstrate that many women face barriers to abortion care early in pregnancy, including delayed pregnancy recognition, lack of knowledge of available services, lack of knowledge of legal indications and gestational age limits, and logistical constraints and requirements. These obstacles contribute to delays in service delivery, even when women seek care before the legal limit.[20,21] In places where second-trimester abortion services are legally available for specific indications, they are often difficult to access. Fewer providers are trained to provide second-trimester care particularly at middle- or low-level facilities or in rural areas, which results in additional delays for referral. Second-trimester patients are sometimes mistreated by providers and staff in public settings; in Colombia, women who were able to obtain care elsewhere after denial still endured judgement and poor quality care. When second-trimester services are unavailable, some women risk their own health to seek unsafe alternatives. Although second trimester abortion comprises the minority of terminations, it is responsible for the majority of deaths from unsafe abortion.[22] Increasing the gestational age limit and offering provider training on second trimester abortion care would improve women's access to legal services.

Conclusion

In each of the six study countries, abortion care is legally available. Liberalization of abortion laws is a first step to ensuring access to care, and a necessary one, but implementation of the law and provision of training and support is also key to ensuring quality service provision. Further, harm reduction counseling and support of individuals for whom the

law fails (those beyond the legal gestational limits or without legal indications for care) is also essential for preventing unsafe abortion. We can see clearly from the stories of women denied abortion key areas for focused improvement efforts by local and national health departments, non-governmental organizations, medical schools, researchers, and policy makers.

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In Their Own Words: Experiences of Women Denied Abortions

The Global Turnaway Study video In Their Own Words: Experiences of Women Denied Abortions features women speaking about their experiences after being denied abortions across the world. The video is available with English, Spanish and French subtitles.

A video discussion guide is availabe on our website at: http://bit.ly/GTdiscussionguide