Anambra State Guidelines

on Safe Termination of Pregnancy for Legal Indications

Ipas Partners for Reproductive Justice
NIGERIA HEALTH FOUNDATION

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Foreword

The physical, mental, and social wellbeing of every individual is a key component of health and therefore should constitute the vision of every state with respect to the health of its people. Government in Nigeria at Federal and State levels have continually demonstrated commitments towards ensuring accessible and affordable health of its people with an aim to achieving the provisions of Sustainable Development Goal 3 - "Ensuring healthy lives and promoting wellbeing" and Goals 5 -"Gender Equality" through the provisions of several national strategic health development plans. Promoting sexual and reproductive health, and achieving universal health coverage are essential targets under the sustainable development health goals.

A number of health conditions occurring in pregnancy are incompatible with the wellbeing and survival of the pregnant woman requiring that such pregnancies be terminated to save the life of the woman. This has been provided for in relevant sections of National Acts and State Laws related to pregnancy termination. Section 297 of the criminal code of eastern Nigeria and section 60 of the revised criminal code of Anambra State of Nigeria permits termination of pregnancy when the life of the mother is at risk.

These provisions of the law informed the development of the Safe Termination of Pregnancy (STOP) policy and guidelines by the Federal Ministry of Health in the year 2018. The standard and guideline mainly target the medical practitioners, already trained to be able to identify such medical conditions and carry out appropriate treatment including termination of the pregnancy along with relevant referrals, on one hand and the health care managers whose responsibility it is to provide the necessary resources and congenial environment for the management of such cases with relative safety, on the other hand. Being a Federal Government policy, it becomes necessary for states to adapt document to suit its culture and peculiarities. It is in the light of this that the Anambra State Ministry of Health invited various stakeholders to the adaptation and the validation of the policy guideline and ultimately trained relevant medical practitioners on the management of such cases in particular safe termination of pregnancy for medico-legal indications.

It is advisable that every medical practitioner who is practicing reproductive healthcare in the state should avail himself/herself of this guideline to enable the identification and management of such cases with safety

Dr Afam Obidike

Hon Commisioner for Health
Anambra State

Acknowledgment

The Anambra State Ministry of Health extends its gratitude to all the stakeholders that have painstakingly contributed to the adaptation and validation of this Anambra State Guidelines on the Safe Termination of Pregnancy for Legal Indications. The Federal Ministry of Health led the process of the development of the national guideline on safe termination of pregnancy for legal indications, in collaboration with Population Services International (PSI), Society of Gynecology and Obstetrics of Nigeria (SOGON), development partners and other key stakeholders.

Sincere appreciation is therefore extended to PSI for their support for the project; to SOGON, particularly the lead consultant, Prof I.A.O. Ujah; participants from several development partners; the technical assistance from Prof Anibal Faundes, General Coordinator, Prevention of Unsafe Abortion Initiative of the International Federation of Obstetrics and Gynecology (FIGO) and Dr Afolabi of the Reproductive Health Unit of the Federal Ministry of Health and his team.

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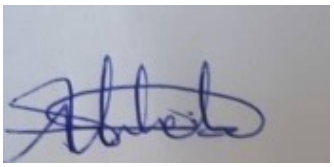
Signed



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Abbrevations and Acronyms

AF	Atrial Fibrillation
ASD	Atrial Septal Defect
BV	Bacterial Vaginosis
CNS	Central Nervous System
CVS	Cardiovascular System
DCM	Dilated Cardiomyopathy
D&C	Dilatation and Curettage
D&E	Dilatation and Evacuation
EF	Ejection Fraction
EVA	Electric Vacuum Aspiration
FMOH	Federal Ministry of Health
GA	Gestational Age
HB	Haemoglobin
HCM	Hypertrophic Cardiomyopathy
IUFD	Intrauterine Fetal Death
LNMP	Last Normal Menstrual Period
MV A	Manual Vacuum Aspiration
PAC	Post - Abortion Care
PDA	Patent Ductus Arteriosus
PSI	Population Services International
RHD	Rheumatic Heart Disease
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
TOF	Tetra logy of Fallot
VAPP	Violence Against Persons Prohibition
VSD	Ventricular Septal Defect
WHO	World Health Organization

Executive Summary

Nigeria the most populous black nation in the world incidentally has one of the highest maternal mortality ratios globally, second only to India. The Nigerian Nation has aligned itself to the global commitment of improving women sexual and reproductive rights including reducing maternal mortality, under the United Nations sustainable development goals- the agenda 2030.

A major drawback to the combat of maternal mortality in Nigeria is the unsanutory law related to abortion which has prohibited the building of the capacity of medical practitioners towards the provision of safe comprehensive abortion care. The Nigeria restrictive abortion Law however, has provision for termination of pregnancy when the life of the mother is at risk. This has necessitated the development of standards and guidelines for the safe termination of pregnancy for legal indications by the Federal Ministry of Health to guide medical practitioners towards safe termination of pregnancies for pregnant mothers at risk who would require such services. States have been encouraged to adapt the national guidelines developed by the Federal Ministry of Health and Anambra State has aligned to this adaptation.

The guidelines begins with definition of terms- the globally accepted definition of Abortion, Unsafe abortion and the Therapeutic abortion, followed by an introduction that highlights the magnitude of the problem of Abortion in Nigeria and the rationale for the development of the standards and guidelines for safe termination of pregnancy for legal indications. Chapters 2 and 3 highlights the relevant sections of the law related to abortion at both Federal and Anambra State level and also compiles the range of problems related to pregnancy that may endanger the life of the mother and thereby requiring legal termination. Chapters 4 - 6 relate to care preceding the termination of pregnancy which involves history taking, and thorough evolution of the pregnant woman that informed the diagnosis of the condition putting her at risk to require pregnancy termination; the methods of the safe termination of the pregnancy for various gestational ages; and the appropriate care to be given to the woman following the procedure.

Chapter 7 highlights the need for proper monitoring and evaluation of the cases through appropriate record keeping at health facilities levels collation and evaluation to assist health managers and policy makers towards proper tracking and improvement of services. The guideline ends with the appendix of forms appropriately adapted at facility and central levels to facilitate effective monitoring and evaluation of services.

Definition of Terms

Abortion is the termination of a pregnancy before the age of viability (generally believed to be 28 completed weeks in Nigeria, although WHO recommends gestational age of 24 completed weeks or expulsion of fetus weighing 500g or less).

In the medical context, abortion can either be spontaneous (also called miscarriage) or induced.

Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.

Therapeutic abortion is the termination of pregnancy performed when the pregnancy endangers the mother's health or when the fetus has a condition incompatible with normal life.

Chapter 1:
Introduction

In Nigeria, an estimated 11 – 40% of maternal deaths result from abortion complications with a procedure- related death rate of 680 per 100,000 abortions. In 2012, there were 1,250,000 induced abortions in Nigeria (representing double of the 1996 figure of 610,000); equivalent to a rate of 33 abortions per 1000 women aged 15 – 49 years. Over 80% of induced abortions are done by doctors in private settings. The rest are either self-induced or performed by other health personnel and quacks. These terminations are done for social reasons. Data on legal terminations in Nigeria are lacking but the worsening trend and the complications that follow induced abortions indicate a lack of skill and appropriate technology for the safe termination of pregnancy.

The law in Nigeria clearly stipulates that abortion can be performed to save a woman's life. Unfortunately, data indicates that health providers are unaware that there are medical indications that allow therapeutic abortions to be performed to save a woman's life as well as promote her health and wellbeing. However, there are no national standard guidelines to direct this practice. It is against this backdrop that the Federal Ministry of Health, with the support of stakeholders and partners developed this guideline on safe termination of pregnancies for legal indications to facilitate the reduction of maternal morbidity and mortality from the medical conditions that threaten women's lives when compounded by pregnancy and from abortion procedures in Nigeria. To be on the same page with the national aspiration, states inevitably have to adapt the developed national guidelines to conform to their policies and laws.

This guideline is for Doctors practicing at facility level in Anambra state, taking into cognisance the task as well as the knowledge and skill of all cadre of medical practitioners and the subtle differences between the Federal Acts and State Laws. In addition, health program managers, legal practitioners, program coordinators as well as instructors and reproductive health trainers may find it useful.

Goal and Objectives of the Guideline

The goal of this document is to serve as a tool for the provision of the safe termination of pregnancy within the legal framework, in circumstances where the continuation of such pregnancies threaten the lives of the women, thereby contributing to the reduction of maternal morbidity and mortality in Anambra State.

Objectives

The objectives of this guideline are:-

1. To provide information and guidance on the legal indications for the safe termination of pregnancy in Anambra State.

2. To state the medical indications for the safe termination of pregnancy for legal indications in Anambra State.

3. To outline the standards for providing safe termination of pregnancy services for legal indications in Anambra State.

4. To guide policy makers and health managers on the implementation of safe termination of pregnancy for legal indications and related interventions.

Chapter 2:

Laws Related to the Termination of Pregnancy in Anambre State

Existing Nigerian Laws related to abortion are cited in sections – 228, 229, 230 & 297 of the Criminal Code Act, sections 232, 233 and 234 of the Penal Code of the Nigerian Constitution and Violence Against Persons Prohibition (VAPP) Act, 2015.
In Anambra State, the Criminal Code Law (Revised Laws of Anambra State 1991 as Amended) and the VAPP Law of 2017 apply.

Laws in Nigeria

Criminal Code 1916 revised 1990

Criminal Code Section 228: Attempts to procure abortion - Any person who, with intent to procure the miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony and is liable to imprisonment for fourteen years.

Criminal Code Section 229: Attempt to procure own miscarriage - Any woman who, with intent to procure her own miscarriage, whether she is or is not with child, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such thing or means to be administered or used to her is guilty of a felony and is liable to imprisonment for seven years.

Criminal Code Section 230: Supplying drugs or instruments to procure abortion - Any person who unlawfully supplies to or procures for any person anything whatsoever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child; is guilty of a felony and is liable to imprisonment for three years.

Criminal Code Section 297: Surgical operations - A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

PENAL CODE 1959 revised 1990

Penal Code Section 232: Whoever voluntarily causes a woman with child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment for a term which may extend to fourteen years or with fine or with both.

Penal Code Section 233: Whoever with intent to cause the miscarriage of a woman whether with child or not does any act which causes the death of such woman, shall be punished –

(a.) with imprisonment for a term which may extend to fourteen years and shall also be liable to fine; and

(b.) if the act is done without the consent of the woman, with imprisonment for life or for any less term and shall also be liable to fine.

Violence Against Persons' Prohibition (Vapp) Act 2015

This Act prohibits all forms of violence against persons in private and public life, and provides maximum protection and effective remedies for victims and punishment of offenders.

VAPP Act, Section 38: Every victim is entitled to receive the necessary materials, comprehensive medical, psychological, social and legal assistance through governmental agencies and/or non-governmental organisation and victims are entitled to be informed of the availability of legal, health, social services and other assistance.

Related Laws in Anambre State

Criminal Code Law (Revised Laws of Anambra State 1991 as amended)

Section 214: Any person who with intent to procure miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony and is liable to imprisonment for fourteen years.

Section 215: Attempt to procure own miscarriage - Any woman who, with intent to procure her own miscarriage, whether she is or is not with child, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such thing or means to be administered or used to her is guilty of a felony and is liable to imprisonment for seven years.

Section 216: Supplying drugs or instruments to procure abortion - Any person who unlawfully supplies to or procures for any person anything whatsoever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child; is guilty of a felony and is liable to imprisonment for three years. The offender cannot be arrested without warrant.

Section 60: Surgical Operation - A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

Chapter 3:
Anambra State Legal Indications for the Safe Termination of Pregnancy

The conditions that may constitute a threat to the life of a woman who is pregnant, who could benefit from safe legal termination of pregnancy, are listed below:

Obstetric & Gynaecological conditions

- Hyperemesis gravidarum refractory to treatment with severe hepatic or renal impairment
- Genital tract cancers (see oncology below)
- Severe fetal conditions/ malformation not compatible with extra uterine life
- CNS abnormalities such as anencephaly, hydrocephalus with no demonstrable brain tissue
- CVS abnormalities such as transposition of great arteries without shunts, Atrioventricular discordance
- Multiple organ dysgenesis

Maternal Heart and Vascular diseases

- Severe Aortic Stenosis (Aortic valve area ≤1.0cm2)-might be due to Rheumatic Heart Disease (RHD) or congenital heart disease (Bicuspid aortic valve)
- Severe Mitral Stenosis (Mitral valve area ≤1.5cm2)-might be due to Rheumatic Heart Disease (RHD)
- Eisemenger Syndrome – Reversal of shunt – left to right to right to left
- Hypertension in the first or second trimester that cannot be controlled, including pre-eclampsia and eclampsia
- Pulmonary embolism
- Atrial Septal Defect (ASD), Ventricular Septal Defect (VSD) and Patent Ductus Arteriosus (PDA) with either atrial fibrillation and or severe pulmonary hypertension
- Congenital Cyanotic Heart Disease
- Tetralogy of Fallot (TOF), Trialogy of Fallot,
- Severe Pulmonary Stenosis, Transposition of great arteries without correction
- Severe Eustein Anomaly
- Dilated cardiomyopathy (DCM) with depressed ejection fraction(EF) ≤30%
- Peripartum Cardiomyopathy – Cardiac failure with depressed ejection fraction (EF) ≤30%
- Coarctation of the aorta with left ventricular dysfunction
- Mechanical Valves – in situation of valve replacement
- Rheumatic Heart Disease
- Mitral valve or Aortic Valve replacement on warfarin as anticoagulant

- Endomyocardial fibrosis with arrhythmias- Atrial Fibrillation (AF)
- Hyperterophic Cardiomyopathy (HCM) with arrhythmias
- Any heart condition where the mother is in stage 3 or 4 New York Heart Disease Classification.

Kidney Diseases

- Severe connective tissue disease like Systemic Lupus Erythematosis (SLE) with severe kidney damage refractory to treatment
- Worsening renal failure

Cancers

- Cancer of the Cervix, Uterus, Ovary, Breast & Leukaemia
- Other oncological cases that require treatment
- Malignant neoplasia that require surgery, chemotherapy and/or radiotherapy that is incompatible with the life of the fetus

Blood Diseases

- Haemoglobinopathies with complications as acute sequestration, acute chest/brain syndrome and pseudo-toxaemia of pregnancy

Psychiatric and other Mental Disorders

- Psychiatric disorders with suicidal ideation
- Severe depression with suicidal tendencies such as may occur in rape and incest

Other Conditions

- Advanced Diabetes Mellitus refractory to treatment and /or with organ failure
- Thyroid diseases requiring radio-iodine e.g. Graves' disease
- Thyro-cardiac disease with atrial fibrillation

Note: Any other maternal pathology that puts the life of a pregnant woman at risk as determined by a qualified medical practitioner e.g.

— Autoimmune diseases (SLE, Scleroderma),
— Drugs: Immunosuppressive drugs,
— Infections: Overwhelming sepsis, Pott's disease, Rubella syndrome

Chapter 4:
Care Preceding the Safe Legal Termination of Pregnancy

a) Confirmation of Pregnancy:

The purpose of this step is to confirm the pregnancy, its gestational age, site, and patient's general wellbeing towards the safe termination of the pregnancy. This should be done by using patient's history, detailed examination, a reliable urine pregnancy test and pelvic ultrasound scan when necessary.

The medical history: Ask and document the following:

- Age
- Reproductive history (number of pregnancies, deliveries, abortions)
- First day of Last Normal Menstrual Period (LNMP)
- Gestational age based on LNMP
- History of drug allergy
- Any medical or surgical illnesses that are life-threatening
- Contraceptive history

Physical examination: Undertake the following:

- General and systemic examination to establish the general health and confirm the life threatening condition(s) of the woman
- Bimanual pelvic examination to establish:
  - Uterine size and position
  - The presence of other uterine or pelvic pathology, such as fibroids

Laboratory investigation: Do the following laboratory tests, where necessary

- Blood group and Rh factors
- Urine analysis
- Pregnancy test
- VDRL
- Smear and Gram's stain of vaginal discharge as appropriate
- Cervical cancer screening (Pap smear)
- Ultrasound and genetic tests as appropriate
- HIV, Hepatis B & C screening
- Indirect coombs test for Rhesus Negative women

b) Steps in reaching Decision for Termination of Pregnancy

i. Clinician adjudges that the continuation of the pregnancy constitutes a "danger to a woman's life" as enumerated in Chapter 3

ii. Clinician seeks second opinion for the confirmation of indication (this might

involve referring the patient in circumstances where a second opinion is not locally feasible)

c) Informing and Counseling the Patient:

In general, pregnancies maybe planned or unplanned, wanted or unwanted. In any of these circumstances, the patient should be clearly informed of the risks to pregnancy continuation while observing the following rights due to her:

1. Right to complete, correct, impartial and useful information
2. Right to dignity, privacy and confidentiality
3. Freedom of expression of their ideas
4. Right to choice
5. Right to equality without discrimination
6. Right to benefit of scientific progress
7. Right to be free from ill-treatment and torture

This process may involve more than one session of contact or other persons that are critical to the woman's decision-making (but only if additional sessions are requested by the woman).

d) Content of information and Counseling to the Woman should also cover

- Detailed information about the pregnancy and her medical condition(s)
- Different methods of pregnancy termination appropriate for her gestation
- Efficacy and safety of methods of termination of pregnancy in her circumstance
- Potential adverse effects and complications, and their clinical implications
- Her right to decline the pregnancy termination and assurances of care if opting out
- Counseling on HIV testing
- Opportunity to present her concerns which should all be addressed.

e) Informed Consent

After due information and counseling, ensure that the woman or her representative signs the informed consent form, to express their acceptance or decline of the offered termination of pregnancy.

If the woman is illiterate, her digital impression will be sufficient. Keep the informed consent form and the authorization for the procedure in the clinical record.

She reserves the right to change her decision at any time before the procedure, in which case, she should revoke her informed consent by completing and signing a form dedicated to that purpose.

If the woman decides against the termination of the pregnancy, she should be given all the special antenatal care required by her medical condition. All these facts should be

duly documented.

f) Patient Evaluation

This step is applicable when the woman consents to the termination of the pregnancy, and its purpose is to re-confirm the gestational age and uterine size, and the state of the patient's health for the purposes of selecting the appropriate method of termination of the pregnancy.

Pain management options should include appropriate analgesia and conscious sedation when necessary. All women having termination of pregnancy should receive appropriate prophylactic antibiotics pre-or peri-operatively.

Chapter 5:

Methods of Safe Termination of Pregnancy

Therapeutic abortion is the termination of a pregnancy performed when the pregnancy endangers the mother's health or when the fetus has a condition that is incompatible with normal life.

The following are contemporary methods used for the termination of pregnancy:

A. Medical Methods

Medical methods of abortion entail the use of pharmacological drugs to terminate pregnancy. Medical methods of abortion have proved acceptable in many settings, including low-resource settings. Medications used are mainly Mifepristone and Misoprostol. The medications are increasingly available globally, and the combination of mifepristone and misoprostol for medical abortion is now included on the WHO model list of essential medicines. Their side-effects include nausea, vomiting and diarrhoea. Contraindications to their use include chronic or acute adrenal or hepatic failure, inherited porphyria, and allergy to any of the drugs used. Caution and clinical judgment are required before using them for women receiving long-term corticosteroids, and for those who have bleeding disorders, severe anaemia, pre-existing heart disease or cardiovascular risk factors.

i. Mifepristone and Misoprostol:

Pregnancies of gestational age up to 9 weeks (63 days)

Administer an oral dose of mifepristone, 200 mg, followed 24 – 48 hours later by misoprostol, 800 µg, vaginally, sublingually or buccally.

Following the administration of the misoprostol, up to 90% of women will expel the products of conception within 4–6 hours. Most women are likely to require pain-relief medication for abdominal cramps during this period.

In the case where pregnancy fails to expel after the first dose of misoprostol, re-administration of misoprostol or surgical abortion (see below) should be offered to the woman after 3-4 hours. Women with incomplete abortion can generally be observed unless vaginal bleeding is heavy, whereupon they may be offered a repeated dose of misoprostol or a surgical completion of the abortion. Facilities offering medical methods of abortion must also have the capacity to provide vacuum aspiration services or by linkage to a nearby facility if needed. Women are more likely to be satisfied with the

procedure if they have realistic expectations about the abortion process. Hence, they should be availed of complete, accurate and understandable information about what to expect and the possible side-effects of both medical and surgical methods of abortion. For persons with disabilities appropriate methods of communication should be used.

Pregnancies of gestational age from 9 to 12 weeks (63–84 days)
Administer mifepristone, 200 mg, orally, followed 36–48 hours later by misoprostol, 800 µg, vaginally, administered in a healthcare facility. A maximum of four further doses of misoprostol, 400 µg, may be administered at 3-hourly intervals, vaginally or sublingually.

Pregnancies of gestational age over 12 weeks (>84 days)
Administer an oral dose of mifepristone, 200 mg, followed 36–48 hours later by an initial dose of misoprostol, either 400 µg orally or 800 µg vaginally, with further doses of 400 µg of vaginal or sublingual misoprostol every 3 hours, up to four further doses. For pregnancies beyond 24 weeks of gestation, the dose of misoprostol should be reduced to 200 µg due to the greater sensitivity of the uterus to prostaglandins.

ii. Misoprostol alone:

Pregnancies of gestational age up to 12 weeks (84 days)
Administer misoprostol, 800 µg, sublingually every 3 hours or vaginally/ buccally every 3 – 12 hours, for up to 3 doses.

This regimen is 75–90% effective in completing abortion. Sublingual administration is less effective than vaginal administration unless it is given every 3 hours, but this regimen has higher rates of gastrointestinal side- effects. Oral and rectal administrations are not recommended due to their low efficacy.

Pregnancies of gestational age over 12 weeks (84 days)
The recommended regimen is to administer misoprostol, 400 µg, vaginally or sublingually every 3 hours for up to 5 doses. In nulliparous women, the vaginal administration of misoprostol is more effective than a sublingual dosing. For pregnancies beyond 24 weeks of gestation, there is a greater sensitivity of the uterus to prostaglandins, so the dose of misoprostol should be reduced to 200 µg, 4 hourly vaginally, or sublingually for up to 4 doses.

Table 1: Summary of Recommended Medical Abortion Regimen

Trimester	Duration of Pregnancy	Drug	Dosage	Route of Administration
First Trimester	0-9 weeks (63 days)	Mifeprestone + Misoprostol	200mg 800 µg* 200mg 800 µg*	Mifepristone: Orally Miso-prostol: Vaginal, buccal, or sub-lingual
First Trimester	9 – 12 weeks (63- 84 days	Mifepristone + Misoprostol	200mg 800 µg#	Mifepristone: Orally, Misoprostol: 1st dose vaginally, additional doses after 3 hours, 400µg vaginally or sublingually, up to 5 doses
First Trimester	9-12 weeks (63-84 days)	Misoprostol alone	800 µg	Sublingually every 3 hours or vaginally/ buccally every 3 – 12 hours, for up to 3 doses.
Second Trimester	over 12 weeks (>84 days)	Mifepristone + Misoprostol	200mg 400 µg# orally, 800 µg vaginally	Mifepristone: orally Misoprostol: 1st dose 400 µg orally, or 800 µg vaginally. Additional doses, 400 µg vaginally or sublingually every 3 hours up to 4 doses total
Second Trimester	12 -20 weeks			Coordinator, Reproductive Health, SMOH
Second Trimester	20-24 weeks pregnancy	Misoprostol alone	200 µg	vaginally, sublingually 200µg over 4 hours for up to 4 doses
Second Trimester	Above 24 weeks	Misoprostol alone	100 µg	vaginally, sublingually 100µg over 4 hours for up to 4 doses

*Misoprostol is administered 1-2 days (24-48 hours) after initial Mifepristone dose

Misoprostol is administered 36-48 hours after initial Mifepristone dose

B. Surgical Methods

Surgical methods of abortion entail the use of trans-cervical procedures for terminating pregnancy, and they include:

- Manual vacuum aspiration
- Dilatation and evacuation
- Electric vacuum aspiration

Manual Vacuum Aspiration

The recommended surgical technique for abortion up to gestational age of 12weeks is **Manual Vacuum Aspiration (MVA).**

When MVA is performed on normal women for first-trimester abortion, the use of local anaesthesia (paracervical block) is usually sufficient, and they feel well enough to leave the healthcare facility after observation for about 1 hour in a recovery room. Longer recovery periods maybe needed for patients targeted by this guideline and for abortions performed at a higher gestational age, or in rare situations where sedation or general anaesthesia may be necessary.

Manual Vacuum Aspiration is a very safe procedure. Though rare, complications with vacuum aspiration can include pelvic infection, excessive bleeding, cervical injury, incomplete evacuation, uterine perforation, anaesthetic complications and ongoing pregnancy (failed evacuation). Abdominal cramping and menstrual-like bleeding occur with any abortion procedure and patients should be given appropriate counseling and support

Before the MVA procedure:

- Provide counseling to the woman and obtain informed consent
- Perform a clinical assessment, including physical examination
- Perform essential laboratory investigations
- Decide if cervical preparation is necessary.

The following group of women may need cervical preparation:

  - Nulliparous women and those aged 18 or below with gestational duration of more than 9 weeks
  - Depending on their availability, administer either of the following drugs in the recommended dosages:

- Misoprostol 400 µg vaginally or orally, 3 to 4 hours before the procedure; or
- Mifepristone 200 mg orally, 36 hours before the procedure; and
- Discuss her contraceptive needs/pain management options.

Uterine evacuation procedure:

The steps for performing MVA are:

1. Obtain consent
2. Prepare instruments
3. Ask the woman to void urine.
4. Perform bimanual examination
5. Clean vulva, insert speculum and perform cervical antiseptic preparation
6. Perform paracervical block, except when contraindicated.
7. Dilate cervix if necessary using cannulae in incremental size or plastic dilators
8. Insert cannula appropriate for the gestational age
9. Connect aspirator and suction uterine contents until cavity is confirmed empty
10. Remove cannula and speculum after confirming there is no more bleeding.
11. Inspect tissue (and perform histology where possible)
12. Perform any concurrent procedures
13. Take immediate post-procedure steps, including instrument processing

Dilatation and Evacuation (D&E)

This is used after 12 weeks of pregnancy. It is the safest and most effective surgical technique for later abortion, where skilled, experienced providers are available.

D&E requires the preparation of the cervix using osmotic dilators or pharmacological agents and evacuating the uterus using Electric or Manual Vacuum Aspiration with 12–16 mm diameter cannulae and long forceps.

Depending on the duration of the pregnancy, the preparation to achieve adequate cervical dilatation can require from 2 hours to 2 days.

Note: Use of dilatation and curettage (D&C) is now obsolete and the World Health Organization (WHO) has since recommended the replacement of D&C with MVA in all units.

Tissue examination following surgical abortion

After surgical methods of abortion, an immediate examination of the products of conception is important. With vacuum aspiration, beginning around 6 weeks of pregnancy, trained providers can visually identify the products of conception, specifically chorionic villi and the gestational sac. If the aspirate does not contain products of conception, ectopic pregnancy should be suspected and the woman should undergo further evaluation. If the contents of the aspirate contain less tissue than expected, the possibility of incomplete abortion and further treatment with re-aspiration should be considered. The tissues retrieved should be subjected to histologic evaluation.

Chapter 6:
Post-procedure Care

Post-procedure care includes all services provided after the medical procedures are completed but before a woman is discharged from the facility. It is necessary to ensure that any complication that occurs before, during or immediately after medical care are identified and addressed.

Post procedure care:

- Observe client for at least one hour, paying attention to the woman's underlying medical condition.
- Ensure adequate recovery from the procedure as well as from perioperative medications.
- Detect and manage symptoms of post-procedure complications; (check vital signs every 15 minutes, watch out for excessive bleeding, dizziness, shortness of breaths, severe abdominal pains).
- Administer intramuscular 250 iu of anti-D IgG before 20 weeks of gestation and 500 iu thereafter within 72 hours into the deltoid muscle, to all non-sensitized RhD negative women.
- Give psychological and emotional support.

Referral

- Continue with the treatment of the woman for her underlying medical condition.
- Refer any woman who may require additional emotional or mental health support.
- Provide counseling and referral for other reproductive-health needs, including contraceptive counseling and services.

Family Planning and Contraceptive Services

- Providers should ensure that clients should not have a similar high-risk pregnancy and consequently should be availed of an effective contraceptive option before discharge.
- Check the WHO Medical Eligibility Criteria for the patient's clinical conditions against the contraceptive method chosen.

Follow-up

- Provide information about what to expect and what to do following discharge from the facility.
- Telephone follow-up calls should be conducted within 2 weeks of the procedure.
- Advice clients to return to the clinic, as soon as possible, if they have any complaint.

Chapter 7:

Monitoring and Evalution for the Safe Termination of Pregnancy for Legal Indications

Monitoring and Evaluation are very important to help health workers, program managers, and policy makers monitor services to assess whether they are being provided to standard so that appropriate measures can be instituted to achieve set goals. In keeping track of the implementation of the safe termination of pregnancy policy and services, data needs to be collected and analysed routinely across the three tiers of the health system.

Each health facility offering services for the safe termination of pregnancy for legal indications should keep a record of each client/patient who receives such services in their facility. The healthcare provider should complete Form 1a in the Appendix below, for each patient/client and file appropriately. Monthly summaries should be generated on Form 2b, also in the Appendix below, for routine reporting to the National Health Management Information System (NHMIS). For program managers at National and State levels, the Logical Frame Matrix highlights the extent of policy implementation using the key indicators to be monitored.

See Table 2, below:

Table 2: Safe Termination of Pregnancy for Legal Indications Logical Frame Matrix

Project Description	Performance Indicator (PI)	Means of Verification (MOV)	Assumptions
Provision of Safe Termination of Pregnancy Services within the legal framework in circumstances where the continuation of such pregnancies threaten the life of the women thereby contributing to the reduction of maternal morbidity and mortality	• Number of maternal deaths averted due to increased access to safe termination of pregnancy for legal indications • % decrease in maternal morbidities from unsafe abortions • % decrease in maternal mortality from unsafe abortions	• Annual Reports • Population Surveys • NDHS	• Appropriate provision of funds by policy makers • Strong stakeholders support
To provide information and guidance on the legal indications for the safe termination of pregnancy in Anambra State	• Number of dissemination meetings for the guidelines held • Number of guidelines distributed to heath facilities	• Program Records • Health Facility Surveys	• Funds available for printing, dissemination and distribution of the policy guideline
To set the standards for providing safe termination of pregnancies services for legal indications in Anambra State	• % of women seeking safe termination of pregnancy services for legal indications • % of providers providing safe termination of pregnancy services • Number of health facilities with safe termination of pregnancy commodities and equipment • Number and percentage of clients receiving counseling on safe pregnancy termination • Number and type of contraceptives dispensed on site • % of women who received contraceptive counseling • % of women desiring contraception who received a method	• Annual Program Reports • Health Facility Surveys	• Funds available for training health care providers • Funds available for procuring commodities and equipment

Project Description	Performance Indicator (PI)	Means of Verification (MOV)	Assumptions
	• % of cases in which infection preven-tion practices were adhered to fully • % of women who agree that service fee is reasonable. Average amount of time spent from counseling to intervention (waiting time) • Hours during which services are available • % of women who received respectful care	• Supportive Su-pervisory Re-ports • Supportive Su-pervisory Re-ports, Health Facility Sur-veys, Exit in-terviews	
To set the standards for providing safe termination of pregnancies services for legal indications in Anambra State	• % of women seeking safe termination of pregnancy services for legal indica-tions • % of providers providing safe termination ofpreg-nancy services • Number of health facilities with safe termination of pregnancy commodities and equipment • Number and percentage of clients receiving coun-seling on safe pregnancy termination • Number and type of con-traceptives dispensed on site.	• Annual Program Reports • Health Facility Surveys	• Funds available for training health care providers • Funds available for procuring commodities and equipment

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APPENDIX

Form 1.

Anambra State Safe Termination of Pregnancy for Legal Indications: Patient's Form

Name of Facility: .....

Type of Facility: .....

Date form filled: .....

Age of the client in years: .....

Marital status: .....

Disability status: .....

Highest level of education completed: .....

Religion: .....

Tribe: ..... State of origin: .....

LGA of origin: .....

LMP: .....

EDD: .....

EGA: .....

USS estimated gestational age: .....

Clinical estimation of uterine size: .....

Indication for legal termination: .....

Method of legal termination: .....

Type of analgesia/anaesthesia: .....

Name of Provider .....

Designation of provider: .....

Date of procedure: .....

Side effects/Complications: .....

Post Abortion Treatment: .....

Family planning counseling provided: Yes: ..... No: .....

Type of contraceptive services accepted

.....

If contraception is declined, indicate reasons for declining:

.....

Comments

.....

.....

Date of Discharge: .....

Date of Return Visit: .....

Adapted from the National Termination of Pregnancy for Legal Indications : Form 7a

Form 2.

Anambra State Safe Termination of Pregnancy for Legal Indications: Monthly Summary Form

INSTRUCTION: This form should be completed every month to summarize the data on clients/patients who received termination of pregnancy for legal indications and clients who receive related abortion care services in each facility. This summary will be reported to the State Coordinators for onward delivery/reporting to the central HMIS

Name of Facility: **LGA:** **Month and year of report:**	**Number**
Women who received abortion care	
Less than 8 weeks	
8 to 12 weeks	
Greater than 12 weeks	
Type of procedure/method	
MVA	
D&E	
Medical abortion	
Other (specify.....)	
Women who expressed desire to delay further pregnancy	
Women who received a contraceptive method	
Women referred for a contraceptive method	
Women referred to another facility for abortion care (by reason)	
Women with major complications	
Women who died from complications of abortion	


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