

Making Abortion Safe

RCOG's global initiative to advocate for women's health

Objective: To adapt to the national context and disseminate easy to use, concise clinical guidance to improve health workers' knowledge and confidence to provide abortion care in countries where service provision is legally restricted.

Globally the burden of unsafe abortion is highest in legally restrictive settings (WHO 2021). A lack of effective dissemination of guidelines and inapt education for health workers about the legal framework and the safe clinical management of abortion cause higher mortality and morbidity in these settings (WHO, 2021). In Africa, prevalence of unsafe abortion reached (28 per 1000 women per year; 6.2 million) (WHO 2008). In Sudan, abortion is highly restricted. Abortion is only permitted in cases of:

- maternal health threat
- proven foetal death in-utero
- pregnancy resulted from rape.

Design: The RCOG has developed a Best Practice Paper on abortion care and post-abortion care. This is a concise reference tool for health workers, summarizing essential practices and principles on providing clinical care. By adapting the document to suit local settings and disseminating through national O&G, midwifery and nursing associations as well as ministries of health, this tool may help improve abortion and post abortion care provision.

Adapting RCOG Best Practice Papers on Abortion Care and Post Abortion Care to supplement national guidelines in Sudan

Method: OBGYNs in Sudan self-selected to adapt the Best Practice Paper to their context, as they recognized it as a pragmatic pathway to introduce up-to-date, high quality clinical standards. The OBGYNs have also identified institutional partners who will support the dissemination of the paper to health workers. Identification of partners was based on purposive selection. Criteria of selection included: Ability/Power to influence, the relative significance of each Policy maker/Stakeholder in the process of adaptation and implementation of the guidelines, the potential of Stakeholder to be a threat or an asset. An introductory meeting of the project has been held. BPP adaptation has been discussed.

Results: Policy makers and stakeholders have been sensitised and provided with information regarding the current situation of abortion in Sudan. The project has been contextualised and terminology has been selected to prevent stigmatisation. The project, to begin the adaptation of the Best Practice Paper, has been endorsed by FMOH and other partners.



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Conclusions: The Best Practice Papers (BPPs) can be used as a guiding tool to support OBGYNs and other clinicians who work in legally restrictive contexts. The BPPs can be used to develop tailored clinical guidelines to increase healthcare worker knowledge and confidence to provide abortion care and post-abortion care.

References

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