

Times of abortion

Document Nº 5





Times of abortion

Good Practice Guide for abortion care from 20 weeks of pregnancy

Consorcio Latinoamericano Contra el Aborto Inseguro - CLACAI

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Glossary

To facilitate the reading and understanding of this document, this glossary defines the following key terms.

Dilation and Evacuation (D&E): A procedure to evacuate the uterus in pregnancies typically beyond 12 to 14 weeks. It involves cervical preparation and is characterized by uterine evacuation using forceps and aspiration¹.

Gestational duration/time: The duration of pregnancy, estimated from the first day of the last menstrual period (LMP) or through ultrasound measurements.

Good Practice Guide (GPG): A set of evidence-informed recommendations designed to support healthcare professionals and decision-makers in the clinical management of a specific condition, including diagnosis, treatment, counseling, and procedural care. GPGs are developed collaboratively and aim to guide best practices. They may be issued by governmental bodies, health institutions, civil society organizations, or expert panels. They recognize the complexity and context-specific nature of abortion care, aiming to promote the highest standards of well-being and eliminate harmful practices.

Good practice guidance (GPg): Recommendation elaborated to assist the health care practitioner with patient care decisions about appropriate diagnostic, therapeutic, or other clinical procedures for specific clinical circumstances.

Induction of fetal asystole (IFA): A procedure used to induce cessation of fetal cardiac activity, performed either by surgical means (e.g., transection of the umbilical cord) or pharmacologically, via injection of drugs through the amniotic cavity or directly to the fetus body².

Induced abortion: The complete expulsion or extraction of an embryo or fetus (regardless of gestational duration) following a deliberate termination of an ongoing pregnancy through medication or surgical means, which is not intended to result in a live birth. Induced abortions are distinct from spontaneous abortions (miscarriages) and stillbirths³.

Manual Vacuum Aspiration (MVA): Evacuation of uterine contents using plastic cannulas attached to a manual vacuum aspirator (typically a 60 mL syringe)⁴.

Medication abortion: Induced abortion using pharmacological agents⁵.

Procedural abortion: Induced abortion via transcervical techniques, such as vacuum aspiration (manual or electric) or dilation and evacuation (D&E)⁶.

Products of pregnancy: Refers to the fetus and placenta.

¹WHO (2022a). Abortion care guideline. https://www.who.int/publications/i/item/9789240039483

² Paro, H., Ramón Michel, A., Ortiz, G. y Repka, D. (2024). Los tiempos del aborto. Documento 2: Asistolia: Por una mejor calidad en la atención del aborto. Red Jurídica del Consorcio Latinoamericano Contra el Aborto Inseguro (CLACAI). https://clacaidigital.info/bitstream/handle/123456789/3191/Los-tiempos-del-aborto-N2-Asistolia.pdf?sequence=1&isAllowe-d=y

³ World Health Organization (WHO) (2024). ICD-11 International Classification of Diseases for Mortality and Morbidity Statistics. Eleventh Revision. Reference Guide. https://icdcdn.who.int/icd11referenceguide/en/html/index.html

⁴ WHO, 2022a.

⁵ WHO, 2022a.

⁶ WHO, 2022a.

Executive Summary

Section 1: Initial approach for individuals seeking abortion from 20 weeks of pregnancy

1.1 Counseling

GPg 1.1.1: What is it? What should be offered in this space?

- Counseling is a key moment of the abortion process during which decisions, needs, desires, possibilities, and ambivalence are discussed.
- Healthcare professionals are responsible for providing accurate information, a sense
 of safety and reassurance, and for listening with empathy and attentiveness, without
 judgment or questioning.
- It is important to balance the amount of information offered and what the individual asks for, wants, would like to know, or needs to know.

GPg 1.1.2: How to create an environment of trust and safety?

- Recognize that all reasons for seeking an abortion are valid.
- Discuss timelines, the different phases and stages, and what to expect at each point in the process.
- Use clear, precise language that is free from stigma, prejudice, or judgment.

GPg 1.1.3: Who can participate in counseling?

- Members of the healthcare team, regardless of specific professional background, may provide counseling, as long as they possess listening skills, and the ability to honor silence.
- Counseling should not be the sole responsibility of one person, as multiple encounters may be needed throughout the process.

GPg 1.1.4: Do we talk about pain?

- Counseling should include discussions about pain as a personal experience, the right to avoid suffering, and options for pain management.
- Options should include both medication and other care strategies (e.g., ambulation, warm showers, heat packs, massage, relaxation exercises, and accompaniment).

GPg 1.1.5: Who provides accompaniment?

- Choosing to undergo the abortion process with the support of a significant person is entirely up to the individual having the abortion.
- The care team will welcome the accompaniment person as part of the process, share relevant topics, and allow space for questions or concerns to be addressed.

GPg 1.1.6: Which techniques to offer?

 During counseling, it is important to emphasize that induction of fetal asystole (IFA) is a necessary step from 20 weeks of pregnancy to prevent fetal survival. IFA involves an ultrasound-guided abdominal injection and represents an irreversible point in care.

- Until 24 weeks, two therapeutic options are available: medication abortion or dilation and evacuation (D&E). The advantages and disadvantages of each are discussed during counseling.
- Beyond 25 weeks, medication abortion is the only option to be offered.

GPq 1.1.7: Do we talk about contraception?

- Counseling presents an opportunity to explore contraceptive preferences from a comprehensive, person-centered perspective.
- The care team will provide appropriate information based on eligibility criteria and method availability, while respecting the individual's preferences, experiences, and reproductive journey.
- It is important to consider the person's fears and ambivalence, and to avoid pressuring or devaluing decisions to delay or decline contraceptive use.

1.2 Informed consent

GPg 1.2: Informed consent

- The purpose of informed consent is to enable individuals to make well-informed decisions regarding each procedure in their care including the right to withhold consent, regardless of how advisable a procedure may appear.
- Informed consent is personal. Only the individual undergoing the procedure can provide it, after receiving information that is appropriate, complete, understandable, and accessible.
- Informed consent safeguards several fundamental rights, including autonomy, freedom, dignity, equality, and non-discrimination. It is grounded in the respect for bioethical principles such as beneficence, non-maleficence, and justice. It promotes trust in health systems while ensuring confidentiality and privacy are respected.

GPg 1.2.1: Characteristics and general principles of informed consent

- Informed consent must be obtained prior to the procedure it cannot be granted retroactively.
- Consent must be voluntary and informed, and the information provided must be accurate, up-to-date, and understandable.
- The consent process must include information about the procedure, its effects, risks, benefits, alternatives, and rights.

GPg 1.2.2.1: Considerations regarding the consent process

- The information provided for induced abortions from 20 weeks should include: the
 risks and benefits of the techniques used at each stage; procedural details, including
 timelines and the specific steps involved; expected symptoms at each stage;
 warning signs; and what to expect after the procedure.
- Coercion, pressure, or undue influence in the decision-making process should be anticipated and actively prevented. This includes maintaining confidentiality and privacy between the healthcare team and the individual seeking abortion care.