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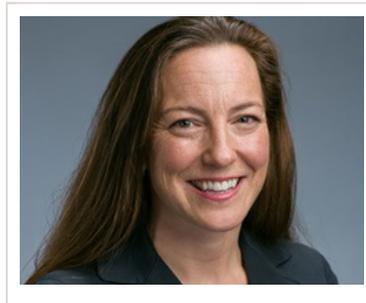
## Meet the expert: Up-to-date clinical guidance on abortion

Alice Mark, MD, Ipas senior clinical affairs advisor

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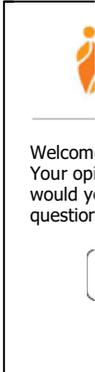
Tuesday, January 27, 2015

Dr. Mark and her team of clinical experts recently published the third annual updated version of Ipas's [Clinical Updates in Reproductive Health](#). This resource offers providers, health systems staff, community-based organizations and policymakers the most up-to-date, evidence-based recommendations on comprehensive abortion care—including topics such as contraception, pain management, medical abortion regimens, and the safety of abortion for adolescent and young women.



Download and share the Clinical Updates: [www.ipas.org/clinicalupdates](http://www.ipas.org/clinicalupdates)

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### What is the goal of the Clinical Updates?

Our goal is to ensure that safe abortion trainers—along with providers and health systems around the world—have access to the most current information on comprehensive abortion care. We also hope to save providers and health systems time and resources: It's very time-consuming to review and distill the enormous amount of evidence-based medical literature available on family planning topics, and this information is not even readily available in some countries and settings where we work.

Our guidance in the Clinical Updates is based on the World Health Organization's 2012 [Safe Abortion: Technical and Policy Guidance for Health Systems, Second edition](#), but we review new evidence regularly and update the recommendations as necessary.

### How have you seen the Clinical Updates used to improve care for women?

During a quality-monitoring visit to a clinic in Ethiopia, one of the health officers involved in second-trimester care received a copy of the Clinical Updates, which he reviewed overnight. The following day he was eager to report that he planned to use the mifepristone and misoprostol recommended regimen with a woman who was at the hospital that morning for an abortion. The next day, he said the woman's abortion was complete and she was ready to leave the hospital, several hours earlier than usual because of the change in the regimen. He shared this information on evidence-based abortion care with his own colleagues.

Another time we were doing a clinic visit in Ghana where we met two midwives preparing to perform a manual vacuum aspiration for a young woman. We talked with them about pain management: They were using paracetamol, which from their experience wasn't very effective for pain management. Using the Clinical Updates, we talked about more effective methods of pain management, such as non-steroidal anti-inflammatory drugs like ibuprofen. The midwives immediately went to another department to secure a supply of ibuprofen, administered some to the young woman they were about to treat, and went forward with their procedure. The evidence-based recommendation—combined with the experiences we conveyed of using it—gave these midwives the confidence to put this recommendation into practice immediately.

### In the two annual updates you've released since your first publication in 2012, what important new topics or evidence have you incorporated?

One important addition has been information on the safety of medical abortion and vacuum aspiration when performed by midlevel providers like nurse midwives, clinical officers and nursing staff. Ipas has had wonderful experiences working with these groups of health-care providers to perform abortion services, but in some countries doctors are still the only ones allowed to perform abortion. Limiting abortion provision to doctors really reduces

women's choices and access to services—especially women living in areas where doctors are scarce. Having evidence-based recommendations at the ready on this topic allows us to support our programs and advocate for policies allowing midlevel providers to perform abortion.

In addition, we've added information on long-acting contraception methods after abortion, since there is rapidly developing evidence on this topic worldwide. Because of Ipas's focus on serving young women and adolescents, every one of our Updates talks about the evidence as it relates to young women; but we've also added specific information on the safety and success of medical abortion and vacuum aspiration for young women, which is important for ensuring sound policies on care for youth. Finally, we've added information about providing abortion and postabortion care in the second trimester. All of these new Updates are on topics that are generating new evidence, but they also provide information that meets the real daily needs of our trainers and providers worldwide.

### How have you decided which new topics to add each year?

We work hard to cultivate an on-going dialogue with trainers and providers in the field to determine what information gaps exist. For example, our staff and trainers in Nepal told us they needed information on the intrauterine device (IUD) and abortion to increase providers' knowledge in this area, so we produced Updates on postabortion IUD safety and use. In addition, we were seeing high numbers of second-trimester abortion in some of our programs and needed to give trainers and providers specific guidance on the procedure, so we produced a series of Updates addressing all topics relevant to second-trimester procedures.

### In addition to providers, trainers and health systems, who else do you encourage to use the Clinical Updates and in what ways?

Our hope is that all professionals concerned with clinical aspects of abortion care find this an easy and useful resource. For example, trainees working in a hospital or clinic who are new to abortion care can use them as a free online resource and know they are getting the most up-to-date information to answer key questions in abortion care, such as:

- What regimens should I use for medical abortion?
- Should I give antibiotics before a routine abortion procedure?
- What are the best methods of pain management for women?

Yes, we write the Clinical Updates with our programs in Africa, Asia and Latin America in mind, but the evidence applies anywhere in the world that women need care—whether it's in Nepal, Nigeria or New York City!

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