Unit 5

POSTPARTUM FAMILY PLANNING

Purpose

The purpose of this unit is to review the benefits of family planning for women, children and families and to provide information on safe and effective postpartum family planning methods for the first months after delivery.

Learning objectives

After studying this unit, you will be able to:

1. Define and discuss benefits of family planning and childspacing for women, children and their families.
2. List special considerations for choosing a family planning method during the postpartum period.
3. List family planning methods which are and are not recommended for use during the postpartum period.
4. Define the lactational amenorrhea method (LAM) and discuss when a woman can best use this method.
5. Explain how to correctly use all the family planning methods which are recommended.
6. Discuss ways TBAs can help new mothers with their family planning needs.
7. Apply knowledge about family planning methods to selected role plays.
**Pretest**

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. What are the benefits when a woman chooses to space her children or limit the number of children she will have? (Select all that apply.)
   - A) the mother is healthier
   - B) newborns are healthier
   - C) other children in the family are healthier
   - D) families have more resources to feed and educate each child
   - E) allows more time for the mother to get more education

2. Select the family planning methods which are recommended for use by breastfeeding women during the first 6 months after delivery. (Select all that apply.)
   - A) breastfeeding, using the lactational amenorrhea method (LAM)
   - B) condoms and spermicides
   - C) progestin-only pills (POPs)
   - D) combined oral contraceptives (COCs)
   - E) natural family planning methods

3. A woman using the lactational amenorrhea method (LAM) of family planning: (Select all that apply.)
   - A) can get pregnant again after six months of only breastfeeding
   - B) can get pregnant if she starts to supplement her baby’s diet with other fluids or cereal during the first six months
   - C) can get pregnant if her menses return in the first six months
   - D) should start to use another method of family planning when her baby is six months old to prevent pregnancy

4. If a new mother would like an intrauterine device (IUD), when is the best time to have it inserted postpartum? (Select all that apply.)
   - A) more than 8 weeks after delivery, if the woman is abstaining or using LAM or another family planning method
   - B) within the first 48 hours after delivery
   - C) anytime
   - D) between 48 hours and 4 weeks after delivery
   - E) 4 to 8 weeks after delivery

5. TBAs can help women with their family planning needs after delivery by. . . (Select all that apply.)
   - A) educating women about all the options and answering questions
   - B) talking with other people in the family who have questions or concerns
   - C) telling women and their partners where to go to get family planning methods in their community
   - D) offering to go with them to the health post, pharmacy or hospital
   - E) talking with women about family planning during their prenatal visits
Self-study content

Family planning and childspacing
Family planning enables women and their partners to choose the number of children they want and the time they want to have them. There are many family planning methods that couples can safely use to prevent, to space or to time pregnancies.

Childspacing is when a woman and her partner choose to wait at least two years between pregnancies by using an effective method of family planning.

Benefits of family planning
for women:
Family planning helps women stay healthy by limiting and spacing the number of children they have during their life. The best time for women to have children is when they are between twenty and thirty-five years old. Women need at least two years between each pregnancy so that their bodies can rest and recover.

Women who are young (less than 18 years old) or older (more than 35 years old) are more likely to have problems when they are pregnant. Women who have had too many pregnancies or whose pregnancies are less than two years apart are more likely to have problems. Women who have frequent pregnancies have less opportunity to go to school or work outside the home, and they have less time to spend with each of their children.

for children:
When there are fewer children in a family, each child can be well cared for. Spacing pregnancies at least two years apart will give every baby an opportunity for good food and good health. Their mothers will be able to provide breastmilk for them until they are old enough to eat family meals. They will get more attention and care. All of the children in a family will be less likely to be malnourished or sick.
for families:
Mothers stay strong and healthy so they can care for themselves and their children. In families with fewer children, there is less worry about money. There are more time and resources to care for children and to give them the food, clothing, shelter and education they need.

Special considerations during the postpartum period

1. **Women can get pregnant after childbirth quickly.**
   The normal hormones that cause ovulation can return within a few weeks. Women can get pregnant **even before** they have their first menses after delivery. This is because the egg is released into the uterus before menses. Many women will have no menses or irregular menses for many months after delivery. They can still get pregnant. Women can also get pregnant very soon after having an abortion or miscarriage. Most couples abstain from sexual intercourse for some period of time after delivery. Many women will postpone deciding about family planning because they do not think they will have sexual intercourse for awhile, or because they do not think they can get pregnant right after delivery.

2. **Women can get pelvic infections more easily during the early postpartum period.**
   It is best for couples to abstain for at least one month to avoid getting a pelvic infection. During the first month, the cervix is still open and it is easy for bacteria to get inside the uterus and cause infections.

3. **Estrogen (a type of hormone) can reduce the amount of breastmilk a woman makes.**
   Family planning methods which have estrogen are not the first choice for women who are breastfeeding. Estrogen is present in combined contraceptive pills, and in monthly combined contraceptive injections.

Family planning for the postpartum period

There are many different methods of family planning, and many resources for learning about family planning. The reference list in Appendix G will direct you to more information. This unit will cover only basic information about family planning methods that are recommended for women who have just had a baby.

The available family planning methods may differ from place to place. Discuss with the TBAs you are training where the various methods of family planning are available and who distributes each.
TRAINING TIP

When you train TBAs about family planning, bring samples of the different methods (condoms and spermicide, IUDs, oral contraceptive pills, etc.) to show the TBAs. Sometimes TBAs will be able to have a supply of condoms and spermicide, or progestin-only pills (POPs) to give or sell to women and their partners. For other family planning methods, TBAs will usually need to refer women to the local health post, pharmacy or hospital.

Are some family planning methods better for breastfeeding women?

Yes, there are special considerations for breastfeeding women:

- Several family planning methods have the hormone estrogen, a kind of hormone made by the body. This hormone reduces the amount of breastmilk in breastfeeding women. Because of that, family planning methods with estrogen are not recommended for new mothers who are breastfeeding.
- Natural family planning methods are not recommended for any postpartum women, whether they are breastfeeding or not, because most women do not have a regular menstrual cycle after delivery and it is not reliable.
- Fully breastfeeding women can use the lactational amenorrhea method (see below) for the first six months after the baby’s birth, if the mother’s menses have not returned.

![Image of breastfeeding woman]

Figure 24: LAM is a very good method of family planning for the first 6 months after delivery.


Lactational Amenorrhea Method (LAM)

All TBAs know that breastfeeding women are less likely to become pregnant. Why? Breastfeeding (lactating) women who have not yet resumed their menses during the six months after delivery are said to be in a state of lactational amenorrhea. The amenorrhea (absence of regular menses) occurs because new mothers are not releasing an egg every month. Women who do not release an egg are not at risk for pregnancy. While breastfeeding alone will not reliably prevent pregnancy, breastfeeding without giving the baby other foods or fluids will reliably prevent pregnancy for six months after childbirth if the woman has no menses. This method of family planning is called the lactational amenorrhea method (LAM). TBAs and the women they care for need to know that bleeding in the first two months after delivery is not menstrual bleeding.
LAM works because the newborn’s sucking action on the mother’s breast prevents the woman from releasing an egg into the uterus. LAM is a very good method of family planning for the first six months after delivery.

For LAM to be effective, a woman must:
1. Be six months or less postpartum.
2. Have not yet started having her menses after delivery. (Note: bleeding in the first six weeks postpartum does not count as “menses”.)
3. Be fully or nearly fully breastfeeding her baby:
   • start breastfeeding as soon as she delivers her baby.
   • breastfeed her baby every 4 to 6 hours day and night.
   • not give her baby supplemental feedings (like baby formula, milk, gruel or cereal) for the first six months.
4. Start to use another family planning method six months after delivery, or sooner if she has a menses or starts to substitute other foods for a breastfeeding meal.

The following flowchart could be used by a TBA to help decide whether a new mother is protected from pregnancy by LAM, or whether she needs to start using another family planning method. Fieldtested, culturally-appropriate pictures may need to be added to make the flowchart useful to non-reading TBAs.

Figure 25: Flowchart for decision-making about LAM.
Illustration adapted from: Family Health International, slides.
**Condoms and Spermicide**

A condom is a thin sheath, usually made of latex, that the man wears over his erect penis while having sex. Condoms catch the sperm so that it does not go into the vagina. A condom must be put on the penis as soon as the penis is erect, but before the penis goes into the vagina. The man must hold the condom on the penis as he removes his penis from the vagina so that the sperm does not leak into the vagina. Each condom can be used only once. For extra protection against pregnancy, come condoms are made with a spermicide (sperm-killing cream, gel or foam) on them. Also, the woman can put spermicide into her vagina (as a cream or foaming tablet) before each episode of intercourse. Condoms, or condoms and spermicide used together, are very effective in preventing both pregnancy and the spread of sexually transmitted infections, including AIDS.

**Intrauterine Devices (IUDs)**

Intrauterine devices (IUDs) are small pieces of plastic, or plastic with copper, that are inserted into the uterus by a doctor, midwife or nurse to prevent pregnancy. An IUD insertion must be performed at a health post or hospital. Copper IUDs work by stopping the sperm from reaching the egg. Most IUDs can prevent pregnancy for ten or more years (depending on the type of IUD).

If there is a trained provider available, an IUD can be inserted right away after delivery after the placenta comes out. If the IUD is not inserted within the first two days, the woman should wait four to eight weeks after delivery (until her uterus has returned to its normal size). Insertion within the first 48 hours or after 4 weeks postpartum will decrease the chance of infection or expulsion (the IUD coming out). Mothers can also have the IUD inserted after 8 weeks postpartum, if they have been abstaining or if they are using a reliable family planning method (such as LAM or injectable progestins or POPs).
Voluntary Surgical Contraception (VSC) for women

Women can choose to have voluntary surgical contraception. The operation is also called tubal ligation or tubectomy. During this operation, the tubes between the ovaries and the uterus are cut so that the eggs cannot get into the uterus. This operation must be performed by a doctor at the hospital or health center. VSC may be appropriate for women who are certain that neither they nor their partners want any more children. Women who have a chronic or communicable disease like AIDS, or women who may become ill or die if they get pregnant again, can also choose to have VSC. Some women will have VSC at the hospital right after delivery (within the first two days). If a new mother wants VSC, but does not have it in the first two days after delivery, then she should wait at least two months until her uterus has returned to its normal size. VSC does not affect the experience of sexual intercourse at all, for either the woman or her partner.

Voluntary Surgical Contraception (VSC) for men

Men can also choose voluntary surgical contraception. They can have an operation called a vasectomy. During this operation, the tube that carries sperm from the scrotum to the penis is cut so that sperm cannot get into the woman. This operation is simpler than the operation for women, and it can be performed any time by a trained doctor or other trained health provider. A vasectomy is so simple, the doctor does not even use a scalpel; only a tiny hole is made, and it heals quickly. A vasectomy does not affect the experience of sexual intercourse at all, nor does it affect the man’s ability to work.
Depo-Provera® injections and NORPLANT® Implants

These two family planning methods contain a progestin, a hormone that inhibits ovulation. Breastfeeding women can safely start to use either of them six weeks after delivery. They will NOT decrease a woman’s breastmilk supply. Non-breastfeeding women can start these methods immediately after delivery. Remember that women who don’t breastfeed can become pregnant again quickly, often by 6 weeks postpartum.

Depo-Provera® comes in an injection. It protects against pregnancy for three months. Every three months, a woman needs to get another injection from the hospital, health post or other provider.

NORPLANT® Implants are made from the same hormone as Depo-Provera®. Small rubber tubes containing a progestin are inserted under the skin of a woman’s arm by a nurse, midwife or doctor. NORPLANT® Implants protect against pregnancy for up to five years.

Both Depo-Provera® and NORPLANT® Implants can cause irregular menses or amenorrhea (no menses). Women who want to use either of these methods need to be referred to a nurse, midwife or doctor.
Progestin-only Oral Contraceptive Pills (POPs)

Progestin-only oral contraceptive pills (POPs) contain only a progestin (similar to Depo-Provera® injections and NORPLANT® Implants). POPs prevent pregnancy in two ways: 1) they block the release of an egg from the ovary, and 2) they make the mucus in the birth canal too thick for sperm to reach any egg that might be released. POPs are very effective if taken at the same time every day. POPs can be used immediately postpartum, even by breastfeeding women. Women who want to use POPs can usually get them from the pharmacy, MCH worker or local health post.

Combined Oral Contraceptive Pills (COCs)

Combined oral contraceptive pills (COCs) contain two hormones: an estrogen and a progestin. COCs prevent a woman's ovaries from releasing eggs. COCs are very effective when they are taken every day. However, the estrogen in COCs decreases the amount of breastmilk produced. Because of this, COCs are not the best method of family planning for breastfeeding women in the first 6 months postpartum.

Women who are not breastfeeding can start to use COCs 2 to 3 weeks after delivery. Since women who have just had a baby are at risk for blood clots, estrogen is avoided for 2 to 3 weeks postpartum to prevent blood clots.

Monthly Combined Injectable Contraceptives (CICs)

In some communities, a new injectable family planning method is available. It contains both an estrogen and a progestin and is given monthly. Like COCs, CICs are not recommended for breastfeeding women in the first six months postpartum because they contain estrogen.
Diaphragms and Cervical Caps

Diaphragms and cervical caps both work the same way. They are round pieces of rubber that fit inside the vagina and cover the cervix (the entrance to the uterus). Because they cover the cervix, diaphragms and cervical caps block the entry of sperm to the uterus. Both diaphragms and cervical caps need to be used with spermicide. Like condoms, they need to be used every time a couple has intercourse. A woman needs to have a pelvic exam by a nurse, midwife or doctor in order to get a diaphragm or cervical cap which fits her uterus. **Diaphragms and cervical caps are not effective methods of family planning during the first two months after delivery.** The woman’s uterus must return to its normal size before a diaphragm or cervical cap will fit well.

Natural Family Planning, using the menstrual cycle

Natural family planning means avoiding sexual intercourse during the time in a woman’s menstrual cycle when she is fertile (when an egg is going to be released into the uterus). **This is NOT an effective family planning method during the postpartum period.** Women often do not have regular menses and cannot tell when they are fertile. Women can get pregnant again before the first menses. Women should not plan to use this method postpartum.

The roles of TBAs and MCH workers in family planning counseling

TBAs and community MCH workers can help women and their partners space and limit pregnancies by giving them accurate information and answering their questions about family planning. They can discuss with women the health benefits of family planning. They can talk to partners or other family members who have questions or concerns about family planning. They can also help with referrals to the health post or hospital. They can teach women and their partners about LAM and can tell them where to get condoms and spermicide in the community.
TRAINING TIP

Role plays about postpartum family planning
Counseling women and their partners about family planning is important and takes practice. Good counseling means providing information and helping women and their partners make decisions that are appropriate for them. You can adapt and use these role plays when you are training TBAs.

Role play #1: One TBA acts the part of a woman who has never used any family planning and has just had her fifth child. This woman does not want any more children. A second TBA acts as a counselor.

Role play #2: One TBA acts the part of a fifteen year old girl who just had her first child. She says that her older husband doesn’t want her to use family planning, and he won’t use condoms. A second TBA acts as the counselor.

Role play #3: One TBA acts the part of a woman who wants to stop breastfeeding because she thinks her husband’s sperm will spoil her breastmilk. A second TBA acts as the counselor.

Summary
This unit was about postpartum family planning. Family planning helps women space and limit the number of pregnancies they have. Family planning has many benefits for women, children and families. Women can get pregnant again right away after delivery. Recommended methods of postpartum family planning are LAM, condoms and spermicide, Depo-Provera® injections, NORPLANT® Implants and progestin-only pills. Methods with estrogen are not recommended for breastfeeding women in the first 6 months postpartum or for any postpartum woman in the first 2 to 3 weeks. Counseling new mothers about family planning methods and helping them decide on a method which meets their needs is an important skill for TBAs.
Important points to review about postpartum family planning

1. Women can get pregnant again right away after delivery.
2. LAM can be a very good method of postpartum family planning for the first six months, IF a woman is fully breastfeeding and IF she has not started her menses again.
3. Condoms, or condoms and spermicide used together, are a good postpartum family planning method. Condoms also prevent the spread of sexually transmitted infections and AIDS.
4. An intrauterine device (IUD) is a good postpartum family planning method IF it is inserted by a trained provider within the first two days after delivery or after four to eight weeks after delivery, or anytime a woman is not pregnant.
5. Voluntary surgical contraception for women or men is another good family planning method postpartum. If a woman does not have the operation within the first two days after delivery, she should wait at least two months after delivery for her uterus to return to its normal size. Men can have VSC anytime.
6. The methods which contain only progestins (Depo-Provera® injections, NORPLANT® Implants and progestin-only pills (POPs)) are good postpartum family planning methods. They do not affect breastfeeding and can be started six weeks after delivery.
7. Combined oral contraceptive pills (COCs) and monthly combined injectable contraceptives (CICs) are not recommended for breastfeeding women in the first six months postpartum, because they contain estrogen.
8. Diaphragms and cervical caps are not recommended for postpartum contraception. Natural Family Planning (NFP) is not reliable postpartum (it is better for women with regular monthly menses).
9. Women and their partners should get counseling about family planning during prenatal visits and right after the woman delivers, and should decide together what method they will use before resuming sexual intercourse.
Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get four or five questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

1. What are the benefits when a woman chooses to space her children or limit the number of children she will have? (Select all that apply.)
   A) the mother is healthier
   B) newborns are healthier
   C) other children in the family are healthier
   D) families have more resources to feed and educate each child
   E) allows more time for the mother to get more education

2. Select the family planning methods which are recommended for use by breastfeeding women during the first 6 months after delivery. (Select all that apply.)
   A) breastfeeding, using the lactational amenorrhea method (LAM)
   B) condoms and spermicides
   C) progestin-only pills (POPs)
   D) combined oral contraceptives (COCs)
   E) natural family planning methods

3. A woman using the lactational amenorrhea method (LAM) of family planning:
   (Select all that apply.)
   A) can get pregnant again after six months of only breastfeeding
   B) can get pregnant if she starts to supplement her baby’s diet with other fluids or cereal during the first six months
   C) can get pregnant if her menses return in the first six months
   D) should start to use another method of family planning when her baby is six months old to prevent pregnancy

4. If a new mother would like an IUD, when is the best time to have it inserted postpartum? (Select all that apply.)
   A) within 10 minutes of delivery of the placenta
   B) within the first 48 hours after delivery
   C) anytime
   D) between 48 hours and 4 weeks after delivery

5. TBAs can help women with their family planning needs after delivery by. . . (Select all that apply.)
   A) educating women about all the options and answering questions
   B) talking with other people in the family who have questions or concerns
   C) telling women and their partners where to go to get family planning methods in their community
   D) offering to go with them to the health post, pharmacy or hospital
   E) talking with women about family planning during their prenatal visits
Vocabulary List

Abortion– the removal of the fetus from the uterus before the fetus is viable; this usually means an induced abortion

Amenorrhea– absence of menses or monthly period

Cervical cap– a small, round piece of rubber which fits over the cervix and is used during intercourse to prevent sperm from entering the uterus

Childspacing– practicing a planned amount of time between pregnancies (usually 2 years)

Combined injectable contraceptives (CICs)– injections containing an estrogen and a progestin, two hormones that prevent pregnancy for one month

Combined oral contraceptive pills (COCs)– birth control pills that contain both an estrogen and a progestin, and prevent pregnancy by stopping ovulation

Communicable– infections that can be spread from one person to another

Condom– a latex sheath that covers the man's penis to prevent sperm from entering the vagina; also prevents the spread of sexually transmitted infections (STIs) and AIDS

Contraceptive method or Contraception– any method used to prevent or space pregnancies; family planning methods

Depo-Provera®– an injection of a progestin, a hormone that can be given to women and that prevents pregnancy for three months

Diaphragm– a round piece of rubber which fits into the vagina and prevents sperm from entering the uterus

Expulsion– coming out without being purposely taken out

Family planning method– any method used to prevent or space pregnancies; contraceptive method

Family planning– choosing when to have a pregnancy and the number of children the woman and her partner want to have

Intrauterine device (IUD)– a small piece of copper or plastic which is inserted into the uterus by a doctor or nurse and prevents pregnancy by stopping the egg from implanting in the uterus

Lactational Amenorrhea Method (LAM)– intentionally using breastfeeding for a contraceptive effect, this is described in Unit 5

Malnourished or Malnutrition– health problem caused by not eating enough of the foods that the body needs

Miscarriage– the death of the developing fetus in the uterus and the expulsion of the fetus, blood, and placenta; also called spontaneous abortion
Natural family planning– avoiding intercourse during the time when a woman is most fertile (during ovulation approximately 10 to 14 days before the menses)

NORPLANT® Implants– small rubber tubes containing a progesterone hormone which are inserted under the skin of a woman’s arm by a doctor or nurse and prevent pregnancy for up to five years

Penis– the external male organ of intercourse and urination

Prenatal– during pregnancy, before delivery

Progestin-only pills (POPs)– birth control pills which contain only a progestin and prevent pregnancy by inhibiting ovulation and stopping the egg from implanting in the uterus

Scrotum– the skin–covered pouch between the legs in the male that contains the testes

Sexually transmitted infections (STIs)– infections spread by sexual contact

Sperm– the male cells which are released during intercourse and can unite with an egg in a woman's uterus to form a pregnancy

Spermicide– a chemical contained in creams, suppositories, foam or jellies to destroy the sperm, used during intercourse with condoms, diaphragms and cervical caps to prevent pregnancy

Spontaneous abortion– miscarriage

Tubal ligation or Tubectomy– method of voluntary surgical contraception (VSC) for women, operation by which the tubes between the ovaries and the uterus are cut so that the eggs cannot get into the uterus

Vasectomy– method of voluntary surgical contraception (VSC) for men, operation by which the tubes that carry sperm are cut so that sperm is not released during intercourse

Voluntary surgical contraception (VSC)– the permanent family planning methods of tubal ligation (for women) and vasectomy (for men)
Unit Six

POSTABORTION CARE

Purpose

This unit has three primary purposes:
1. to provide information on induced and spontaneous abortions (miscarriages);
2. to review general recommendations about returning to work, exercise and sexual
   relations after an abortion; and
3. to provide information on warning signs of serious health problems women sometimes
   have after an abortion that need to be cared for by a nurse, midwife or doctor.

Learning objectives

After studying this unit, you will be able to:
1. Discuss types of abortions.
2. List signs of a complete and incomplete abortion, and what to do.
3. Identify how most induced abortions are performed in the community.
4. Discuss general recommendations for work, exercise, personal hygiene and sexual
   relations after an abortion.
5. Discuss family planning for women who have had abortions.
6. List warning signs of serious postabortion health problems which must be referred to a
   clinic or hospital.
Pretest

Answer the following questions. For questions 1 through 5, select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. Questions 6 and 7 do not have a correct answer because practices differ from one community to another. After completing this unit, you will answer these questions again.

1. Signs of a spontaneous abortion (miscarriage) may include: (Select all that apply.)
   A) pain in the lower abdomen
   B) swollen ankles
   C) vaginal bleeding
   D) passing blood clots

2. In an incomplete abortion, when part of the fetus and placenta remain in the uterus:
   (Select all that apply.)
   A) a woman may feel very tired
   B) there is a high chance of infection
   C) heavy bleeding is likely to continue
   D) a woman will have headaches

3. Women who have had a spontaneous or an induced abortion should: (Select all that apply.)
   A) avoid strenuous exercise or hard work for at least one week
   B) drink a lot of liquids
   C) avoid using family planning methods containing estrogen for at least two months
   D) watch for signs of infection like abdominal pain, high fever, and vaginal discharge

4. Warning signs of problems related to an abortion which must be referred to a clinic or hospital are: (Select all that apply.)
   A) heavy vaginal bleeding
   B) foul smelling discharge
   C) high fever or chills
   D) severe abdominal pain

5. Special considerations for women choosing a family planning method postabortion include: (Select all that apply.)
   A) Women postabortion will not get pregnant for at least two months.
   B) Women postabortion can get pregnant again right away.
   C) Abortions do not affect bleeding patterns and therefore natural family planning is recommended for women postabortion.
   D) Women who have signs of infection after an abortion should not have an IUD inserted.

6. How are most induced abortions performed in the community where you work?

7. What do women in your community do to recover after induced abortions?
Types of abortion

An induced abortion, or planned abortion, is when a woman purposely acts to end a pregnancy before a baby is formed fully enough to survive. She may seek treatment from a doctor, another health worker or traditional healer, or she may try to perform it herself. When a woman tries to perform an abortion herself it is sometimes called a home abortion. When abortions are done at home or by untrained persons (including experienced traditional midwives, abortionists and TBAs), they can be very dangerous. In some places home abortions are a major cause of death for women 12 to 50 years old. An induced abortion is what most people mean when they use the word "abortion".

A spontaneous abortion, or miscarriage, is when a woman has an unplanned, natural loss of a pregnancy. "Spontaneous" means that the abortion starts on its own. Miscarriages are quite common. Miscarriages often occur because there is a problem with the developing fetus and the pregnancy cannot continue normally. At least one of every four or five pregnancies result in a miscarriage. Women need to know that there is little they can do to prevent them or to cause them. If a woman has several miscarriages (usually more than three), there may be a physical problem with her or her partner. Some chemicals, especially pesticides (chemicals used on plants), and some diseases may cause repeated miscarriages. Women who have had three or more miscarriages should be referred to a specialist.

Sometimes, because the fetus or placenta does not come out, it is necessary for a nurse, midwife or doctor at a clinic or hospital to perform an operation to clean out the uterus. Common names for these operations are "manual vacuum aspiration (MVA)", "suction completion" or "dilation and curettage (D and C)".

Signs of a possible spontaneous abortion and what to do

Sometimes women will have a spontaneous abortion very early in the pregnancy before they even know that they are pregnant. Sometimes it will occur later. There are two main signs of a miscarriage: bleeding from the vagina and pain or cramping in the lower abdomen. The bleeding is usually slight to begin with, but gets heavier and big clots and tissue are passed. Both the bleeding and the pain can be quite similar to those experienced during a heavy menstrual period, especially for an early miscarriage. It may therefore be difficult to tell when a miscarriage happens, especially if the woman did not know she was pregnant.
Miscarriages can be complete, when all the tissues of the fetus and placenta pass through the vagina, or incomplete, when part of the fetus or placenta remain inside the uterus. Any woman with a miscarriage should follow the recommendations for returning to everyday life on the following page.

If a miscarriage is incomplete, bleeding will continue. There is a good chance that the tissue will become infected in the uterus. Signs of infection are fever and severe pain in the abdomen. If the infection is not treated, it can cause severe pelvic infection, which can make a woman infertile, or have chronic pelvic pain and discharge. Therefore, it is very important that a woman go to a clinic or hospital as soon as possible if she has any signs of infection after a miscarriage. Infection can also spread through the blood, causing sepsis and shock which require emergency transportation to a clinic for treatment.

A miscarriage is often emotional and traumatic to both the mother and her family. Special care and support are necessary. The woman may be depressed. Many women believe they are responsible for the miscarriage. The TBA should encourage the woman to express her grief and her concerns, and talk to her and her family. Women should know that they can get pregnant again and most women have healthy pregnancies and babies after a miscarriage.

**Abortion in your community**
The more you know about abortion practices in your community, the better prepared you are to deal with problems which may be caused by them.

**TRAINING TIP**
On the following page is a list of questions to ask yourself and those people you train. Adapt the questions to be more relevant to your situation. Write down the answers so that you can refer to them later. In many communities the subject of abortion is very sensitive. To create trust, be sure to explain to the TBAs you train that their answers to the following questions are confidential. The information will only be used to help them understand what happens in their community. This training will enable them to better care for women in their community who have had induced and spontaneous abortions.
Questions about spontaneous abortion (miscarriage) and induced abortion
1. How common is it for women to have spontaneous abortions (miscarriages) or induced abortions?
2. What explanations do women have for a spontaneous abortion? Are there any diseases or health problems that women believe cause abortions? What about eating any special food, water from a certain source, or exposure to certain chemicals?
3. What complications do women sometimes have after a spontaneous abortion or an induced abortion?
4. Where do women go if they have problems after a spontaneous abortion or an induced abortion?
5. What method do women usually use to induce an abortion? Have an operation? Take medicine? Take an injection? Insert something into the vagina? Other method?
6. Are there traditional practices which women follow after abortions? What about bathing, eating or abstaining from sexual intercourse?
7. Are these traditional practices healthy, or could they cause complications?

Recommendations for returning to everyday life after an abortion
Women who have had induced or spontaneous abortions need to take good care of themselves. The general recommendations about postabortion care are similar to the postpartum recommendations discussed in Unit 2. If a woman has an abortion at the beginning of pregnancy (within the first three months), she will probably recover quickly. If a woman has an abortion later in pregnancy, she will recover more slowly. The recommendations are the same for women who have had induced abortions and women who have had spontaneous abortions.

1. **Take it easy and eat good food.**
   Women need to rest after an induced or spontaneous abortion, but they do not need to stay in bed. Walking will help the uterus to return to its normal size. All women should eat foods high in iron and folate (like green vegetables) to prevent anemia. Many women are anemic all the time. If they lose lots of blood with an abortion, their anemia may get worse.

2. **Return to work and exercise gradually.**
   Most women can return to normal activities after an abortion. Women who have had heavy bleeding or an infection with an abortion should not return to hard work and exercise for at least one week after an abortion. If a woman returns too quickly to hard labor, her uterus will not return to its normal size as quickly. These activities may cause prolonged bleeding and pelvic infections.
3. **Stay clean.**

Women who have had abortions should wash the outside of their genitals with soap and water. They should not douche or try to wash inside their vagina for two weeks. Women should use clean cloths to catch the blood from the vagina and should wash these cloths everyday. Women who have had an unsafe induced abortion may be at risk for tetanus from dirty instruments. They should receive antibiotics against the bacteria which causes tetanus, and they should receive a tetanus immunization as soon as possible.

4. **Wait at least two weeks before having sexual intercourse.**

Women should be advised not to have sexual intercourse at all for at least two weeks after an abortion, or until the vaginal bleeding has stopped. It is easier to get an infection during this time because the cervix has opened. Women can get pregnant also right away after having an abortion.

5. **Choose an appropriate method of family planning.**

Women can get pregnant right away, as early as 11 days after an abortion or miscarriage. Therefore, women and their partners should decide what method of family planning they plan to use before they start to have sexual intercourse again.

Women can use most family planning methods after an abortion (see Unit 5). There are important considerations for women who are choosing a family planning method postabortion. If a woman has any sign of infection, an IUD should not be inserted after an abortion. In addition, women can safely use family planning methods that contain estrogen (combined oral contraceptives or combined injectable contraceptives) because they will not be breastfeeding. Because women often have irregular bleeding for a few months, natural family planning is not effective after an abortion. Irregular bleeding makes it impossible for a woman to predict when she is fertile.
Family Planning following Postabortion Treatment

Every health care provider can help.

Treat the woman with respect.
- If she does not feel well, counsel her when she feels better.
- Show concern for her feelings and her experience.
- Keep counseling private.

Find out about the woman’s needs and situation.
- Ask the woman if she wants to become pregnant again soon.
- Ask if she has used family planning and if there were any problems in using it.
- Ask if she has a preferred method.

Provide the information that is appropriate for her.
- Help her get her preferred method.
- Do not pressure her if she wants to get pregnant again soon.
- Make follow-up appointments or referrals for any other reproductive health needs.

Every woman treated for abortion complications needs to know three facts.
- She could become pregnant again right away.
- She can delay or prevent another pregnancy by using family planning.
- Her health care provider can help her get and use family planning.

WARNING SIGNS
of serious postabortion problems

If a woman develops ANY of the following warning signs after an abortion, she should be referred to a nurse, midwife or doctor as soon as possible.

Emergency referral (transport the woman immediately):
1. A fast, weak pulse, sweating, pale or cool skin and confusion may be signs of shock. Shock is caused by severe bleeding or infection. **Women with signs of shock need to be taken on a stretcher to a nurse, midwife or doctor immediately.**

   ![Figure 39: Transporting a woman to a health center.](Illustration source: Werner D, title page.)

Referral as soon as possible:
2. High fever, severe abdominal pain and/or foul smelling vaginal discharge are likely signs of a pelvic infection.
3. Bleeding problems which may be signs that the uterus is not getting smaller, or that there is a tear in the cervix or vagina, include:
   - very heavy bleeding OR
   - bleeding with severe abdominal cramping OR
   - bleeding for more than 5 days WHILE having a spontaneous abortion OR
   - bleeding for more than 2 weeks AFTER having an operation to treat an incomplete abortion.
4. Severe abdominal pain, and a distended or hard abdomen may be signs of a perforation (hole) in the uterus.
5. Extreme fatigue, pale conjunctiva, pale lips and pale fingernails are likely signs of anemia.
6. Difficulty eating and sleeping and extreme sadness may be signs of serious depression. Many women experience strong emotions of grief or guilt after abortions. (See Unit 4 on Postpartum Blues and Postpartum Depression.)

TBAs should counsel women with signs of postabortion problems to get medical help. No one should make a woman who has had an abortion feel ashamed. No one should prevent a woman who is having problems after an abortion from getting appropriate and timely health care.
Summary
This unit was about helping women care for themselves after a spontaneous or induced abortion. It is important for TBAs to have accurate information to share with women about returning to everyday life after abortions. They can also help women prevent induced abortions by encouraging women and their partners to use family planning.

Postabortion problems are often very serious and cause many women to get sick and die. These problems include shock, prolonged bleeding, perforation of the uterus, pelvic infections and anemia. TBAs need to be able to recognize the warning signs of postabortion problems and refer women with these signs for medical care. TBAs and other community-level MCH workers have a very important role to play in caring for women who have had abortions, or who are at risk for unwanted pregnancies. Encourage TBAs to talk openly with women in their communities and answer questions about spontaneous and induced abortions.
Posttest

Answer the following questions. For questions 1 through 5, select the correct answer or answers. You may circle more than one answer for these questions. Check your answers with the correct answers listed in Appendix B. If you get four or five of the first 5 questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

Compare your answers to questions 6 and 7 here with those answers you gave in the pretest and think about what you have learned.

1. Signs of a spontaneous abortion (miscarriage) may include: (Select all that apply.)
   - A) pain in the lower abdomen
   - B) swollen ankles
   - C) vaginal bleeding
   - D) passing blood clots

2. In an incomplete abortion, when part of the fetus and placenta remain in the uterus:
   (Select all that apply.)
   - A) a woman may feel very tired
   - B) there is a high chance of infection
   - C) heavy bleeding is likely to continue
   - D) a woman will have headaches

3. Women who have had a spontaneous or an induced abortion should: (Select all that apply.)
   - A) avoid strenuous exercise or hard work for at least one week
   - B) drink a lot of liquids
   - C) avoid using family planning methods containing estrogen for at least two months
   - D) watch for signs of infection like abdominal pain, high fever, and vaginal discharge

4. Warning signs of problems related to an abortion which must be referred to a clinic or hospital are: (Select all that apply.)
   - A) heavy vaginal bleeding
   - B) foul smelling discharge
   - C) high fever or chills
   - D) severe abdominal pain

5. Special considerations for women choosing a family planning method postabortion include: (Select all that apply.)
   - A) Women postabortion will not get pregnant for at least two months.
   - B) Women postabortion can get pregnant again right away.
   - C) Abortions do not affect bleeding patterns and therefore natural family planning is recommended for women postabortion.
   - D) Women who have signs of infection after an abortion should not have an IUD inserted.

6. How are most induced abortions performed in the community where you work?

7. What do women in your community do to recover after induced abortions?
**Vocabulary List**

**Abortion**– the removal of the fetus from the uterus before the fetus is viable; this usually means an induced abortion

**Abstinence or abstaining (from sexual intercourse)**– not having any sexual intercourse

**Confusion**– state of being mixed up or unclear in the mind and thinking

**Dilation and curettage (D and C) or Suction completion**– an operation for cleaning out the uterus after an abortion or miscarriage. The walls of the uterus are scraped with special instruments to remove the tissue.

**Distended**– swollen and hard

**Douche**– a stream of liquid directed into the vagina for cleaning purposes

**Manual Vacuum Aspiration (MVA)**– an operation for cleaning out the uterus after an abortion or miscarriage. The tissue in the uterus is sucked out with special instruments.

**Miscarriage**– the death of the developing fetus in the uterus and the expulsion of the fetus, blood, and placenta; also called spontaneous abortion

**Perforation**– a hole or break in the wall of the uterus

**Sepsis**– a serious infection that has spread into the blood

**Shock**– a dangerous condition of severe low blood pressure and/or infection, caused by hemorrhage, injury, infection or dehydration

**Spontaneous abortion**– miscarriage