



Medical abortion saves women's lives

Information for Women
about Misoprostol and the combined use of Mifepristone and Misoprostol

Women on Waves
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BACKGROUND

Why is this training needed?

This training will be about the use of 2 medicines that are on the list of essential medicines of the World Health Organisation: Mifepristone and Misoprostol. These 2 medicines have a great potential to improve women's health worldwide. The medicines can be used for:

1. **Abortion** is the most common medical intervention in the world. According to the World Health Organization, 42 million women each year choose to have an abortion for many different reasons. Yet many women do not have access to safe abortion services and are forced to risk their lives and health. Unsafe abortion is a leading cause of maternal mortality. 1 in every 470 women who have an unsafe abortion dies as a result. Globally, 48,000 women each year die unnecessarily. Many more women suffer long-term complications such as infertility and chronic pain.

Information about safe abortion options helps women to protect their lives and health, especially in countries where Misoprostol is easily available. Medical abortions can be done with the combined use of mifepristone and misoprostol or with misoprostol alone. Abortion using medicines has been shown to be very safe and effective if taken during the first 12 weeks of pregnancy. It is far safer than any of the unsafe methods that women use when desperately trying to end an unwanted pregnancy.

2. **Heavy bleeding after giving birth (Postpartum hemorrhage, PPH) is one of the main causes of women's death after giving birth (25%).** 14 million women experience bleeding after birth annually and 12,000 women each year die as a result. In other words: 1 in 10 women will have PPH after giving birth and of 1 of each 100 women who have PPH will die as a result. Using Misoprostol immediately after giving birth reduces the risk of heavy bleeding by 50%.

3. **Incomplete miscarriage can cause heavy bleeding and infection** and can easily be treated with misoprostol to prevent complications. This is usually done by a doctor but women themselves can also use Misoprostol to treat an incomplete miscarriage.

4. Misoprostol **to induce birth** should only be done under medical supervision and not by women themselves. This manual will not address using Misoprostol to induce birth.



Principles of the Training

This manual includes information that women need to have safe birth and safe abortions. The goal of the training, which includes this manual, is to ensure that all women know what they can do themselves to protect their reproductive health. Women on Waves believes that well-informed volunteer counselors without medical training, backed up by medical professionals, can provide women with the information that they need to make birth and abortion as safe as possible. Therefore, this manual also includes information that can be used to train volunteer counselors to inform women about.

- How to prevent heavy bleeding after giving birth (PPH)
- How to give women information to do a safe abortion by themselves with medicines

Legal Rationale

Article 19 of the Universal Declaration of Human Rights states, "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." Article 9(1) of the African Charter on Human and Peoples' Rights provides "Every Individual shall have the right to receive information"



BASIC KNOWLEDGE

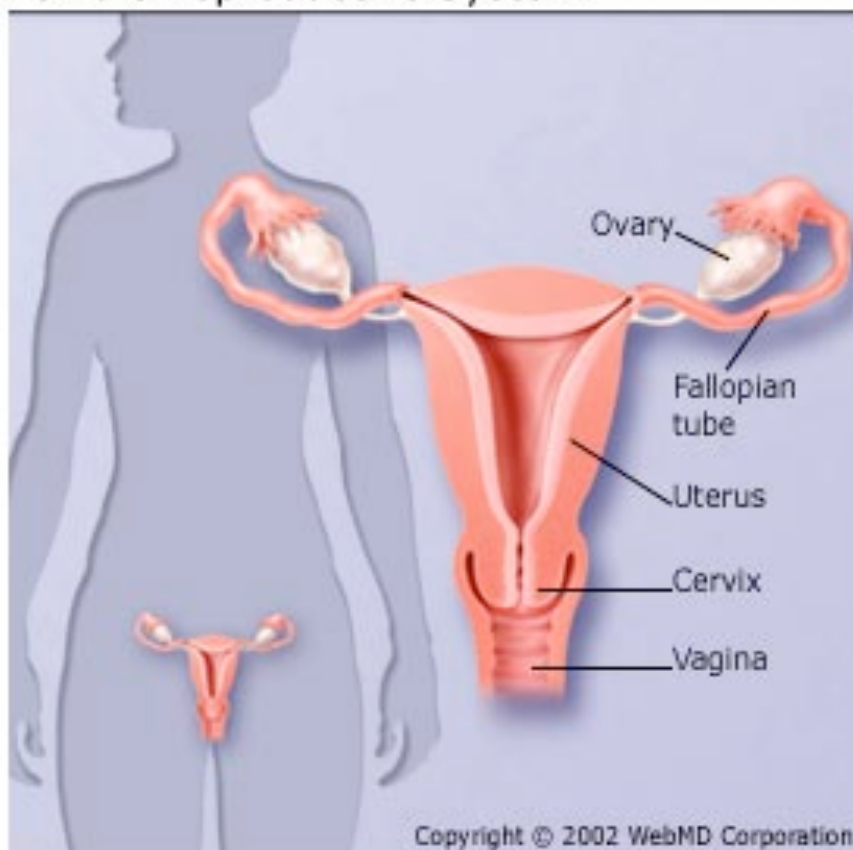
Menstruation

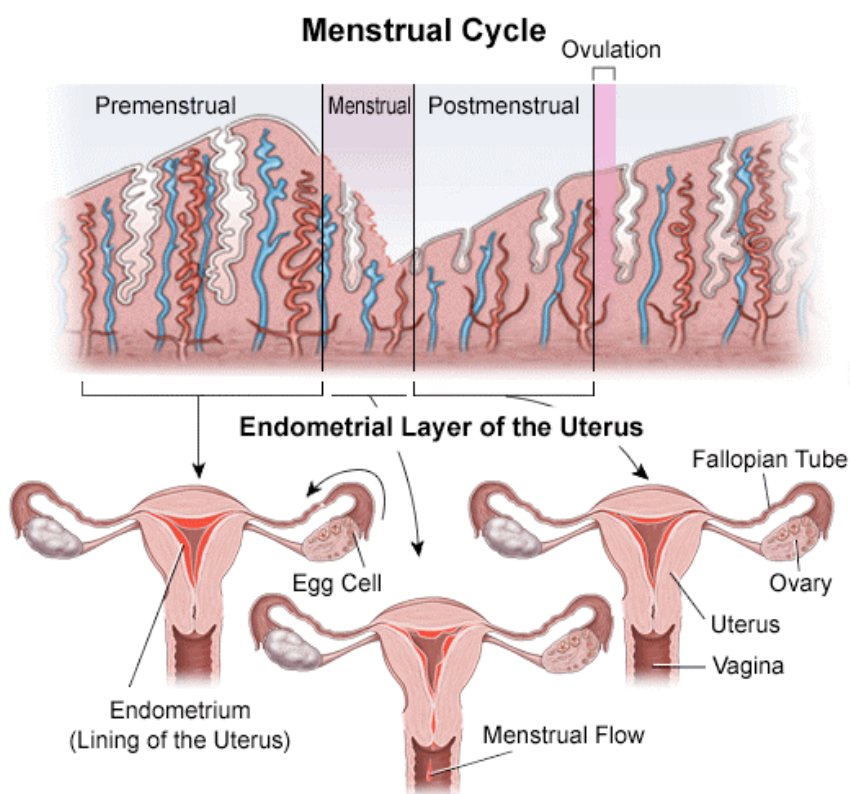
When a young woman reaches puberty, she begins to ovulate - a process in which an egg cell is released from one of the ovaries. Pregnancy can happen if the woman has sex and the sperm of a man fertilizes the egg. A woman is generally most fertile (able to become pregnant) a few days before, during, and after ovulation but she can get pregnant any time during the menstrual cycle!!

During menstruation the lining of the uterus is shed with blood through the vagina. This usually happens 14 days after the ovulation when the woman has not become pregnant. As the average menstrual cycle lasts 28 days (starting with the first day of one period and ending with the first day of the next menstrual period), most women ovulate on day 14. Women may have cycles as short as 23 days, or as long as 35 days. Stress, various types of strenuous exercise, and diet can affect the onset of menstruation and the regularity of the menstrual cycle.

A woman can get pregnant at any point in the menstrual cycle!

Female Reproductive System





Contraceptives

About 85% of sexually active women who do not use contraceptives become pregnant within a year. A woman can get pregnant while breastfeeding and within 10 days after childbirth and even during her menstruation. Withdrawal of the penis prior to ejaculation during intercourse and periodic abstinence does not prevent pregnancy.

An unwanted pregnancy can be prevented by

- 1- Practicing total abstinence
- 2- Use of contraceptives. No method of contraception gives 100% protection.

Contraceptives used by the woman:

- The diaphragm is available by prescription only and must be sized by a health professional.
- Oral contraceptives (birth control pills) protect against pregnancy by the combined actions of the hormones. The pills have to be taken every day as directed and do not work after vomiting or diarrhea.
- Depo-Provera is a hormonal contraceptive injected into the arm or buttock every three months. The injection must be repeated every 3 months.
- Implants are made up of small rubber rods, which are surgically implanted under the skin of the upper arm, where they release contraceptive hormones.
- The IUD is a T-shaped device inserted into the uterus by a health-care professional. It can also prevent unwanted pregnancy after unprotected sex if inserted within 5 days of unprotected intercourse. The IUD can stay in place for 5 to 10 years.
- Sterilization is done surgically. It is a permanent form of contraception.



For the man:

- Condoms can be used only once. Condoms are the most effective method for reducing the risk of infection from the viruses that cause AIDS and other sexually transmitted diseases (STD's) and are 86% effective in preventing pregnancy.
- Sterilization is a quick operation performed under local anaesthesia. The ability to get an erection and an ejaculation does not disappear.

Emergency contraceptives

There are several emergency contraceptive methods:

- 1- A woman can take the official morning after pill called Norlevo. Emergency contraception pills must be taken within 72 hours of unprotected sex in order to prevent an unplanned pregnancy.
- 2- Also, most combination (estrogens and progesterone) birth control pills (oral contraceptive pills) can be used for emergency contraception. To use the pills, within 72 hours of unprotected sex, the woman should take one dose of 100 µg ethinylestradiol + 500 µg levonorgestrel (2-4 birth control pills). 12 hours later she should take a second dose of the same pills (2-4 birth control pills). On <http://ec.princeton.edu/> you can find what type of birth control pills are available in your country and how to use them as emergency contraceptives.
- 3- A woman can have an IUD (intra uterine device) put within 7 days of having had unprotected sex

Emergency contraceptives do not work if the woman is already pregnant and can only be used after unprotected sex! It does not end a pregnancy

Sexually Transmitted Diseases (STDs)

A Sexual Transmitted Disease (STD) is almost always the consequence of sex without using a condom. The symptoms may include:

- A yellow-green or gray vaginal discharge
- Abnormal discharge from vagina or penis
- Discomfort during intercourse
- Painful intercourse
- Vaginal odor
- Abdominal pain
- Bleeding between menstrual periods
- A painful or burning sensation when urinating
- Irritation and itching of the female genital area
- A sore on the penis, the vulva, the vagina, the cervix, tongue, lips, or other parts of the body
- Warts on the penis, vagina, cervix, anus and scrotum
- Fever

However, sometimes a person has no symptoms at all.

High Risk Sex or Rape



After high risk sex (or rape) a woman can reduce the risk of getting HIV/AIDS by using medicines that are called **"post-exposure prophylaxis" or PEP**. However, PEP is not available in many places. If PEP is available, the woman must start taking the medicine as soon as possible after the rape. If more than 72 hours (3 days) have passed since she was raped, it is too late for these medicines to reduce the risk of getting HIV. PEP may never be considered 100% effective. The woman should also take antibiotic medicines to prevent her from getting a Sexually Transmitted Infection (STI). Emergency Contraception (or the "morning-after" pill) must be taken within 72 hours of unprotected sex in order to prevent an unplanned pregnancy.

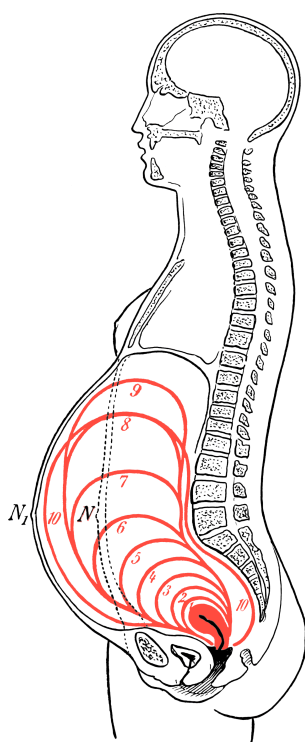
Pregnancy

A woman knows she is pregnant when she misses her menstrual period. She may experience nausea and vomiting, excessive tiredness and fatigue, craving for certain foods, and frequent urination, particularly during night.

Pregnancy can be determined by a pregnancy test that determines the presence of a hormone (hCG) in the blood or in the urine.

To know how long she is pregnant, a woman can make a reasonable calculation. She must figure out when the first day of her last menstrual period was, include that day and start counting up until today. The size of the womb can also be used to estimate the duration of pregnancy.

A woman can also have an ultrasound to determine the length of pregnancy



Changes in size of womb (uterus) during pregnancy



Birth

Normal childbirth takes place between 37 weeks and 42 weeks after the last menstrual period.

If the pregnancy is normal a woman can give birth at home with the help of a skilled birth attendant. Unfortunately a skilled birth attendant is not always available and sometimes a woman is alone or with somebody who is not experienced in guiding a birth process. If a woman has experienced complications during the pregnancy, she should always give birth in a hospital.

A woman is considered to be in labor when she begins experiencing regular uterine contractions. If the birth takes very long and the baby can't get out, the woman has to be sent to a hospital to give birth under medical guidance. A woman may undergo a cesarean section.

After the baby is born, women might experience heavy bleeding. The main reason for heavy bleeding after giving birth is that the womb does not contract (70-90%). Misoprostol causes contractions of the womb that help the placenta to get loose from the womb and get expelled. Only after the placenta is expelled can the womb contract fully.



Trainer's Notes:

Checklist presentation: training about misoprostol and mifepristone, how does it work, what can it be used for, basic facts maternal health, menstruation cycle, types contraceptives, emergency contraceptives, how recognize STI, how calculate duration pregnancy.

After presenting the information about basic reproductive health, highlight the key points by asking your audience to answer the following questions, as a large group or in small groups. This can be done after each topic or after presenting all of the basic reproductive health information.

1. **How many days is the average menstrual cycle?** Answer: 28 days
2. **Can the cycle be longer or shorter?** Answer: The cycle can vary from 23 to 35 days
3. **When in the cycle can a woman become pregnant?** Answer: Anytime in the cycle!
4. **Can a woman get pregnant when she is breastfeeding?** Answer: Yes
5. **Can a woman get pregnant when she is menstruating?** Answer: Yes
6. **How can a woman avoid becoming pregnant?** Answer: Abstinence or use of contraceptives
7. **What contraceptive methods are available to men and women locally?**
8. **What is PEP?** Answer: Post-exposure prophylaxis which help women reduce the risk of getting HIV/AIDS if taken within 72 hours after rape or unwanted sex.
9. **Is PEP available at local hospitals or clinics?**
10. **How can a woman know if she is pregnant?** Answer: A pregnancy test or an exam by a doctor
11. **How can a woman count/calculate the number of days she is pregnant?** Answer: She must figure out when the first day of her last menstrual period was, include that day and start counting up until today.
12. **How many weeks is a woman pregnant before she gives birth?** Answer: Normal childbirth takes place between 37 weeks and 42 weeks after the last menstrual period.
13. **Is a birth at home safe?** Answer: If the pregnancy is normal a woman can give birth at home with the help of a skilled birth attendant. If a woman has experienced complications during the pregnancy, she should always give birth in a hospital.



PREVENTION OF PPH WITH MISOPROSTOL

Heavy bleeding after giving birth (Postpartum hemorrhage, PPH) is one of the main causes of women's death after giving birth (25%). 14 million women experience bleeding after birth annually and 12,000 women each year die as a result.

If a woman gives birth in a hospital, medicines are available to treat PPH.

In a home birth, it is possible to prevent PPH in 60% of the cases if Misoprostol is used after the child has been born but before the placenta is out. Misoprostol causes contractions of the womb.

A home birth kit should contain:

- Sterile very sharp knife
- 2 very clean threads, and
- Three tablets of misoprostol.

A woman can use Misoprostol by herself or have anybody present at the birth help her, by following these 4 steps:

1. Immediately after giving birth, **dry the baby** and put it on the belly of the mother or close to her breasts if she wants to breastfeed (HIV positive women should not breastfeed as it increases the risk of infection for the baby). Cover the head of the baby with a warm cloth or blanket

2. Within 1 minute after the baby is born:

- **Feel the belly** to make sure there is not another baby in the womb (twins). It is dangerous to use misoprostol if there is another baby because it can cause rupture of the womb!!
- **Put 3 Misoprostol tablets of 200 mcg** under the women's tongue. She should let the tablets dissolve for 30 minutes before swallowing.
 - The womb will contract.
 - The woman may experience fever/chills, nausea and vomiting, diarrhea, or cramps.

3- Clamp the cord within 1-3 minutes (with the clean threads) and cut umbilical cord with sterile scalpel and wait for the placenta to come out.

4- Massage the womb (at the top end) after the placenta comes out until it is contracted (feels like hard ball). Do this every 15 minutes for the next 2 hours.

Always transport the woman to a hospital as soon as possible if:

- The placenta is not expelled within 30 minutes.
- A woman starts or continues to lose a lot of blood after using Misoprostol



Trainer's Notes:

Checklist: misoprostol causes the womb to contract, within 1 minute after birth, first feel belly if no other baby, 3 tablets misoprostol, massage womb

After presenting the information about using abortion for safe birth, highlight the key points by asking your audience to answer the following questions, as a large group or in small groups. You can also ask some of the questions #30-41 in the "Q & A" section on p. 21, or have your group break into smaller groups to work on the "Q & A" section themselves.

1. What is PPH/Post-partum hemorrhage?

Answer: Heavy bleeding after giving birth which can cause the woman's death.

2. What are the 4 steps for using Misoprostol to prevent PPH?

Answer:

1. Dry the baby and put it on the belly of the mother
2. Within 1 minute after the baby is born:
 - Feel the belly to make sure there is **not another baby** in the womb (twins)
 - Put 3 Misoprostol tablets of 200 mcg under the women's tongue. She should let the tablets dissolve for 30 minutes before swallowing.
- 3- Clamp the cord and wait for the placenta to come out.
- 4- Massage the womb after the placenta comes. Do this every 15 minutes for the next 2 hours.

3. When must the woman go to the hospital?

Answer:

- the placenta is not expelled within 30 minutes.
- a woman starts or continues to lose a lot of blood after using Misoprostol

4. Why should you not use misoprostol if there is another baby?

Answer: It can cause rupture of the womb



SAFE MEDICAL ABORTION

A medical abortion can be done with 2 methods:

- 1- The use of Mifepristone and Misoprostol, This is the best method and the combined use of these medicines is 99% effective.
- 2- The use of Misoprostol alone. Using Misoprostol alone to cause an abortion will be successful 90% of the time according to research done by the World Health Organization.

Women who are sure that they want to end their pregnancy and really have no other means should study the instructions carefully first. It is best to discuss the directions with a friend so that the woman completely understands how to use the medicines.

Mifepristone blocks the hormone (anti-progesterone) that is needed to maintain the pregnancy. Misoprostol (a prostaglandin) causes contractions of the womb. As a consequence, the womb pushes out the pregnancy. The experience and risks of an abortion caused by medicines are similar to those of a spontaneous miscarriage. Miscarriage happens spontaneously in 15% of all pregnancies. And most women deal with a miscarriage themselves without medical supervision.

Although mifepristone is often not available locally but can be obtained through internet (beware of spammers!)

On the other hand misoprostol is usually widely available in the pharmacy as cytotec or arthotec. Misoprostol is inexpensive, heat resistant and can be kept for years.

Precautions

- 1- *A woman should never do this alone.*

While having the abortion, it is important to have someone close by; this can be the partner, a friend or a relative who knows about the abortion and who can help in case of complications. Once the bleeding starts, someone should stay in contact with the woman to be able to help in case complications occur.

- 2- *Woman should not do a medical abortion herself if she is more than 12 weeks pregnant*

A pregnancy of twelve weeks means 84 days after the first day of the last menstrual period. A woman can make a reasonable calculation of how long she has been pregnant. She must figure out when the first day of her last menstrual period was, include that day and start counting up until today. If a woman thinks she has been pregnant for more than 12 weeks, or if the ultrasound shows she is more than 12 weeks, she should not do a medical abortion herself.

- 3- *Misoprostol should only be used without medical guidance when a woman has no serious illness.*

Most illnesses are no problem with medical abortion. Some serious illnesses, such as severe anaemia, can create problems because of the heavy blood loss involved. However



also in those cases women can do a medical abortion themselves as long as they are close to a first aid facility. Serious illnesses are sometimes a reason for a legal abortion even in countries with restrictive laws.

If there is a risk of a sexually transmitted infection such as Chlamydia or Gonorrhea, arrange an examination with a doctor so that the infection can be treated properly. Women with HIV can use medical abortion safely, but they might be at slightly bigger risk of anemia or infection. Therefore they should use antibiotics. Medical abortion should also not be used when there is a possibility of an ectopic (or extra-uterine) pregnancy. Doctors treat women for this condition in all countries, even in countries where abortion is illegal. An ectopic pregnancy cannot be treated with medical abortion.

4- Medical abortion should only be used when transportation to a first aid clinic within a few hours is possible. That way, if complications occur, medical aid will be near.

5- The woman is choosing abortion of her own free will and is not being forced.

How women get the medicines to do a medical abortion?

If mifepristone and or misoprostol are not registered or not easily available in your country you can obtain it through the internet site www.womenonweb.org

Some local pharmacies carry Misoprostol. Sometimes it is sold over the counter without a prescription. Sometimes the pharmacist asks for a prescription.

If there are problems getting the medicines in one pharmacy, try another pharmacy, or ask a male friend or partner because they might have fewer problems obtaining the medicines. Or, perhaps, you can find a doctor willing to prescribe them. Usually one can expect more luck at the smaller pharmacies. If a pharmacist asks a woman why she needs the medicine, she can say that her sister or her friend is giving birth and she urgently needs it to prevent heavy bleeding.

Sometimes the medicines can also be bought on the black market. However, try to make sure that it really is Misoprostol and not fake or some other medicine! The woman should buy at least 12 pills of 200 mcg Misoprostol.



How To Use Medicines for Safe Abortion

1- Combined use of mifepristone and misoprostol:

- 1- A woman should swallow the mifepristone tablet (200 mg)
- 2- 24 hours later the woman should put 4 pills of 200 micrograms (in total 800 mcg) misoprostol under the tongue. Do not swallow the pills for at least 30 minutes until the tablets are dissolved!

The success rate is 99 %. This means that 1 in every 100 women will have a continuing pregnancy and the medicines did not work.

Approximately 5% of the women might get a surgical intervention afterwards.

2- Use of Misoprostol alone

- 1 A woman should put 4 pills of 200 micrograms (in total 800 mcg) Misoprostol under the tongue. Do not swallow the pills for at least 30 minutes until the tablets are dissolved!
- 2 After 3 hours she should put another 4 pills of Misoprostol under the tongue. Do not swallow the pills for at least 30 minutes, until the tablets are dissolved!
- 3 After 3 hours she should put another 4 pills of Misoprostol under the tongue again for a third time. Do not swallow the pills for at least 30 minutes, until the tablets are dissolved!

The chance that using Misoprostol will not completely cause a complete abortion is 10 %. This means that 8 to 9 women in every 10 women will have a safe abortion after this procedure. However in 6% of the cases, misoprostol did not work at all and the pregnancy is not ended. In this case the woman can try to use the medicine again after a few days. She should know that even by repeating the procedure, it could fail again. If the procedure fails and a woman is pregnant for more than 12 weeks, and if no doctor is willing to help, she can travel to another country to have a safe and legal abortion or keep the pregnancy.

If the pregnancy continues, the Misoprostol creates a small increased risk of birth defects such as deformities of the hands or feet and problems with the nerves of the fetus.

Effects

After using mifepristone, usually nothing will happen. Only after the first dose of Misoprostol a woman can get:

1. Cramps and pain. If a woman wants to relieve the pain, she can use painkillers such as Paracetamol (Tylenol, acetaminophen) or Ibuprofen.
2. Nausea, vomiting and diarrhea. A woman can also have some fever and chills.



3. Bleeding usually starts within four hours after using the misoprostol pills, but sometimes later. Bleeding is the first sign that the abortion is starting. If the abortion continues, bleeding and cramps will become more severe. Bleeding is often more and heavier than a normal menstruation, and there can be clots. The longer the pregnancy, the more heavy the cramps and the bleeding will be. Bleeding continues lightly one to two weeks after the abortion, but sometimes more or less. The normal menstrual period mostly returns after four to six weeks.

If the abortion is complete, the bleeding and the cramps diminish. The moment of abortion can be noticed with a peak of heavier blood loss and more pain and cramps. Depending on the length of the pregnancy, a small pregnancy sac with some tissue around may be seen. For instance, if the woman is only five to six weeks pregnant, there will be no visible sac. After nine weeks, a woman might find a sac and a fetus in between the blood. Between 9 and 12 weeks, the risk of complications is higher.

If no bleeding occurs after taking all the medication as instructed, the abortion did not take place and the woman can try it again after a couple of days or try to find a doctor willing to help. If she is under 9 weeks and she can have access to Internet she can ask help from Women on Web (see *Online Abortion Help* on page 16).

When Should a Woman Contact a Doctor or Go to a Hospital?

1. If there is **heavy bleeding** that lasts for more than 2-3 hours and soaks more than 2 maxi sanitary pads per hour (if the stream of blood is like a stream of water in the open faucet). Feeling dizzy or light-headed can be a sign of too much blood loss, and dangerous to the woman's health. (very rare less than 1%)
2. If there is **severe pain** that does not go away few days after taking the medicines.
3. If a woman has **vaginal discharge that smells bad**.
4. If the woman has a **fever** (> 38 degrees Celsius) for more than 24 hours, or if she has a fever of more than 39 degrees.

The treatment of complications is the same as those of a miscarriage. If there is a problem, a woman can always go to the hospital or any doctor and say she had a miscarriage. The doctor will treat her as if she had a spontaneous miscarriage. There will be no way that the doctor can know she has taken medicines. The treatment is (vacuum) curettage, during which a doctor empties the womb or an extra dose of misoprostol. Doctors have the obligation to help in all cases.

Making Sure An Abortion Has Occurred

Some women bleed without having an abortion. Therefore, it is important that a woman makes sure that an abortion really occurred. It can take 3 to 4 weeks before a pregnancy test becomes negative. So if possible, she should have an ultrasound about one week after the abortion to make sure the womb is empty. If a woman had a successful abortion, the pregnancy symptoms should disappear and she should not feel pregnant.

After Taking Misoprostol



Nothing should go inside the vagina for 5 days after the abortion (she should not have sex) because of the risk of infection. A woman can get pregnant immediately after an abortion! She should get good contraception to prevent a new unwanted pregnancy.

Online Abortion Help

If the woman has access to the Internet and is pregnant less than 9 weeks, she can ask www.womenonweb.org for help in getting safe abortion. She can receive by post to her home address medicines called Mifepristone and Misoprostol, which are 99% effective to induce an abortion. The package takes about a week to arrive. She can email info@womenonweb.org for more information.



Trainer's Notes:

Checklist presentation: same as spontaneous miscarriage, before 12 weeks, don't do alone, within 2 hours of hospital, 1 mifepristone and 4 misoprostol or if misoprostol alone: every 3 hours 4 tablets under tongue repeated 3 times, blood, cramps, side effects (nausea, diarrhea, vomiting) 15% chance not complete and need to go to doctor for further treatment, when go to hospital (heavy bleeding, fever, lasting pain), 3 weeks later pregnancy test, ongoing pregnancy in 1% vs 6% of cases.

After presenting the information about using abortion for safe birth, highlight the key points by asking your audience to answer the following questions, as a large group or in small groups. You can also ask some of the questions #1-29 in the "Q & A" section on p. 21, or have your group break into smaller groups to work on the "Q & A" section themselves.

1. What are the 5 precautions you should give women when you tell them about Misoprostol for safe abortion?

Answer:

- A woman should never do this alone.
- She should not do a medical abortion herself if she is more than 12 weeks pregnant
- No serious illness
- She is within a few hours of a hospital or clinic
- She is not being forced and is choosing abortion of her own free will

2. What is the correct way to use Misoprostol for safe abortion before 12 weeks?

Answer: There are 2 ways:

1- Swallow 1 Mifepristone and 24 hours later put 4 tablets of misoprostol under the tongue for 30 minutes don't swallow.

2- With misoprostol alone: A woman should put 4 pills of 200 micrograms (in total 800 mcg) Misoprostol under the tongue and not swallow for 30 minutes. After 3 hours she should put another 4 pills of Misoprostol under the tongue. After 3 hours she should put another 4 pills of Misoprostol under the tongue again for a third time.

3. What symptoms are normal when medical abortion is used for abortion?

Answer: Bleeding and cramps. Women may also have nausea, vomiting, diarrhea, a low fever and chills.

4. What are signs of a possible complication?

Answer:

- Heavy bleeding that lasts for more than 2-3 hours and soaks more than 2 maxi sanitary pads per hour (if the stream of blood is like a stream of water in the open faucet).
- Severe pain that does not go away within a few days after taking the medicines.
- Vaginal discharge that smells bad.
- If the woman has a fever (> 38 degrees Celsius) for more than 24 hours, or if she has a fever of more than 39 degrees.



TRAINING COUNSELORS

Once women understand the basic information for how to use medication for safe birth and safe abortion, they can learn to give others the tools to provide women-centered, supportive information that saves lives.

To share information with other women, there are 4 basic principles:

- Be nice, warm understanding and listen carefully to understand the help request
- Never “invent” any answers that you are not sure about. You can always get back to the woman after consulting an expert.
- Respect the privacy of every woman: You should never discuss private information of the women with anybody else.
- If a woman has an unwanted pregnancy, it is her decision about whether or not to have an abortion. You are not telling her what to do! But if she has decided to have an abortion, you can give her the information she needs to do it safely.

Checklist for the Counselor

This is a list of the basic information you should get and give!

Information for safe birth:

1. Ask if the woman plans to give birth at home. If yes, tell her about Misoprostol.
2. Give Information about the 4 steps for using Misoprostol for safe birth:
 - 1- Dry baby and put on belly mother
 - 2- Within 1 minute after birth
 - feel if there still is another baby. (dangerous!)
 - If not, put 3 tablets under tongue for 30 minutes.
 - 3- Massage the womb and feel if it contracts.
 - 4- Go to hospital if:
 - Placenta (afterbirth) does not come out within half an hour
 - If the bleeding is heavy

Ask the woman to repeat this information to you and if needed correct her. Make sure she understands and ask if she has any questions.

Information for Safe abortion:

1. Ask the woman:
 - 1- Is the pregnancy unwanted?
 - 2- Does she want an abortion?
 - 3- How many weeks pregnant is she? First day of last menstruation? (Must be less than 12 weeks pregnant)
 - 4- Is the decision made by her free will?
 - 5- Any illnesses, IUD?
 - 6- Can she get to hospital or doctor within 1 or 2 hours if needed?



2. Give Information about using medical abortion for safe abortion

1- Don't do this alone

2- Be within 2 hours of a hospital

3 a- How to use mifepristone and misoprostol:

i. *swallow 1 tablet of Mifepristone*

ii. *24 hours later put 4 tablets Misoprostol under your tongue, do not swallow*

3 b- Or how to use Misoprostol alone:

i. *4 tablets Misoprostol under your tongue, do not swallow*

ii. *3 hours later again 4 tablets under your tongue, do not swallow*

iii. *3 hours later again 4 tablets under your tongue, do not swallow*

4- Effects of the medicine:

bleeding, chills, diarrhea, vomiting, headache

5- When to go to hospital:

1- High fever,

2- Heavy bleeding more than 2 maximum pads/ hour for 2 hours.

3- Continuing pain

4- Bad smelling vaginal discharge

6- If there is no bleeding at all:

1- Check for possible ectopic pregnancy

2- Try the medicines again

7- Do pregnancy test after 3 weeks to make sure the medicines worked.

Ask the woman to repeat this information to you and if needed correct her. Make sure she understands and ask if she has any questions.

Learning through Role-play: A counselor sharing information with women

It is important to practice how to use the checklist above to give information to women, and how to answer the questions that women may have. Role-play is an easy and enjoyable way to learn how to be a good counselor.

One person plays the role of a woman seeking information. The other plays the counselor. Use the checklist above and the Questions/Answers on page 21 to learn the information and to learn to share it with others.

A third person can observe the role play and check if all the information was obtained and given (use checklist above)



Frequently Asked Questions and Answers

1. How do I know if I am pregnant and how long I have been pregnant?

Most women determine that they are pregnant if they are sexually active and have missed a period. Nausea, breast soreness, and fatigue are also common symptoms in early pregnancy.

Ultrasound or pregnancy tests are the only ways to confirm that a woman is pregnant. The pregnancy test can be done only after the first day that a woman missed her period, before that time the result is not reliable (the pregnancy test might be negative while the woman actually is pregnant). If an ultrasound is performed, the doctor can tell a woman exactly how long she has been pregnant.

A woman can make a reasonable calculation of about how long she has been pregnant. She must figure out when the first day of her last menstrual period was, include that day and start counting up until today. The number of days is the time of pregnancy duration. If she wants to know the pregnancy duration in weeks she should divide the number of days by 7.

The size of the womb can also be used to estimate the duration of pregnancy. Usually this is done by a health professional. However a woman can also feel her own belly. First she has to make sure that her bladder is empty (pee). Then she should lie down and feel with both her hands if she can feel the womb (a hard ball-like structure). If she can feel the upper end of the womb just above her pubic bone, she is around 12 weeks (84 days). If the womb is bigger she is more than 12 weeks pregnant and should not use Misoprostol for abortion.

2. I have an unwanted pregnancy, what can I do?

If a woman is under 12 weeks (84 days) she can try to find 12 pills of Misoprostol and do an abortion herself. She should put 4 pills under her tongue (leave them there at least 30 minutes before swallowing). After 3 hours she should put 4 pills under her tongue again. 3 hours later she should put 4 pills under her tongue again. This is 90% effective.

If she has access to the Internet she can ask for help at: www.womenonweb.org or email info@womenonweb.org. Women on Web is an on-line medical abortion referral service that will help the woman access a medical abortion with Misoprostol and Mifepristone which is effective 99% of the time.

3. Where can I get Misoprostol?

Misoprostol brand names are for example: Cytotec or Arthrotec. The pills should contain 200mcg Misoprostol in each tablet. A woman should buy at least 12 pills of 200 mcg Misoprostol. Sometimes it is sold over the counter without a prescription. Sometimes a prescription is necessary. Misoprostol is also used to prevent postpartum hemorrhage, to treat gastric ulcers and to treat arthritis.



To obtain these medicines, one could for example say that her sister or her friend just gave birth and she needs the medicine to prevent postpartum hemorrhage and it is very urgent because she continues to bleed heavily. If there are problems getting the medicine in one pharmacy, a woman should try another pharmacy, or send a male friend or partner, as they might have fewer problems obtaining them.

If the pharmacy requires a prescription, the woman can try to find a doctor willing to prescribe them. Or she could also make a prescription herself by using a prescription for other medicines as an example and replacing the name of the other medicine's name with "R/ Misoprostol 200 mgr"

"dtd: 12 tablets"

"S/use known, place tablets under the tongue"

If registered, Artrotec is often easier to get. It is used by people with rheuma.

4. What are the risks of doing a medical abortion?

If a woman uses medicines to cause an abortion, she should seek medical advice as soon as possible for these symptoms:

- 1- Bleeding that lasts for more than 2 hours and soaks more than 2 maxi sanitary pads per hour. Feeling dizzy or light-headed can be a sign of too much blood loss. This is dangerous and must be treated by a doctor.
- 2- Fever (more than 38 degrees Celsius) for more than 24 hours or if she has a fever of more than 39 degrees at any time
- 3- Vaginal discharge that smells bad.

If a woman thinks she might have a complication she should go to a doctor immediately. She does not have to tell the medical staff that she tried to induce an abortion; she can tell them that she had a spontaneous miscarriage. Doctors have the obligation to help in all cases.

The symptoms of a medical abortion are exactly the same as a miscarriage and the doctor will not be able to see or test for any evidence of an abortion.

5. I am more than 12 weeks pregnant. Can I still use medicines to cause an abortion? Until when?

Medical abortion is still effective after 12 weeks of pregnancy, but the risk of complications increases. 4% to 8% of women with second trimester pregnancies (after 12 weeks of pregnancy), who try to end their pregnancies with Misoprostol as described below, will experience very heavy bleeding. A woman should never be alone when doing this. The protocol how to use the medicines after 12 weeks change the right protocols can be found in the WHO safe abortion guidelines published in 2012.

6. Can I do a medical abortion if I am breastfeeding?

It is better not to breastfeed during the first 5 hours after using Misoprostol. It is best to throw away the milk produced in the first 5 hours. After that, the woman can breast feed normally. However, if a woman must breastfeed it will probably not harm the infant.



7. Will I be able to get pregnant and have children after a medical abortion?

A medical abortion does not affect ability to conceive or bear a child in the future. In fact, if a woman does not want to become pregnant at this time, it is important to start using contraceptives as soon as she starts having sexual relations again.

8. Is it safe to have an abortion with pills if I've already had one in the past?

Women are fertile for about 40 years. Some women need more than one abortion with pills because contraception fails, some women cannot choose when to have sexual relations, or because contraception or information about birth control are not available. Having a safe abortion, or more than one safe abortion, does not impact a woman's health or ability to have children in the future.

9. What if I am not pregnant but take the medicines anyway?

A woman's health will not be harmed if she is not pregnant but takes the medicines anyway. However, she may still experience the common side effects of the medicines, including nausea, vomiting, diarrhea, chills or a low fever for up to 24 hours.

10. Can medical abortion be used if I am HIV positive or have AIDS?

HIV positive women can use mifepristone and misoprostol safely. HIV positive women may be at a bit higher risk of infection and anemia. Iron pills may be given for anemia. Antibiotics may be used to prevent infection (Doxycycline 100 mg 2 times per day for 7 days total).

11. How long will it take before the medicines will have an effect and for how long will symptoms (bellyache, nausea, blood loss etc.) last?

After taking mifepristone, there is usually no effect at all but some women might already start bleeding.

In most cases misoprostol will have an effect within 4 hours and a woman will start getting cramps and bleeding. The symptoms (pain, blood loss, nausea, diarrhea, etc.) can last for up to 12 hours but should diminish when the abortion is complete.

If the woman has prolonged bleeding, too much bleeding (much more than a regular menstrual period), pain in her belly that does not go away after a few days of taking the Misoprostol, pain that is unbearable, fever, continuous strong bleeding after three weeks, or pain when pushing on her belly, she may have an incomplete abortion. She should go to a hospital or a doctor to complete the abortion if she has any of these symptoms. It is not necessary to tell the medical staff that she tried to induce an abortion; she can say that she had a spontaneous miscarriage. There are no tests that can show that a woman has done a medical abortion. It is extremely important to treat an incomplete abortion because the tissue and blood that remains in the body can cause heavy bleeding or an infection.

12. How much blood will I lose and what color is the blood?

The general rule is that fresh blood is red and old blood is brown. While having an abortion a woman should lose a lot of red blood. Women that are unsure if they bled enough should check if the abortion was successful or complete. It is normal to have irregular light bleeding for up to three weeks after a medical abortion (sometimes even longer).



13. Will I see the products of the abortion (placenta, embryo, blood) and what should I do with them?

Depending on the length of the pregnancy when a woman has the medical abortion, a small pregnancy sac with some tissue around it may be visible. For instance, if a woman is only five to six weeks pregnant, there will be no visible sac but just blood and clots. At nine weeks or more, she might be able to find a sac in the blood and it is possible that she might see the embryo. It is best to flush everything down the toilet or to wrap the sanitary pads and throw everything away.

14. I did a medical abortion with misoprostol alone, and started bleeding after I took the first dose of Misoprostol. Should I take the second and third doses?

Yes, she must take the second and third doses, despite the blood loss. Scientific research has proven that the second and third doses increase the effectiveness of the treatment and reduce the number of incomplete abortions (i.e. tissue remains in the womb), which means that no follow-up treatment is necessary. The pregnancy symptoms, such as nausea, breast soreness, and fatigue should disappear a few days after taking the Misoprostol pills. To make sure the treatment was successful, the woman could also go to a hospital to get an ultrasound to check whether the abortion was successful.

15. I used medical abortion but had no, very little or not as much as expected blood loss. Did the treatment work?

It is very difficult to determine whether an abortion has been successful and complete. If the woman still does not bleed or very little and she is sure that she is pregnant, she either has an ongoing pregnancy or possibly a pregnancy outside the womb (an ectopic pregnancy). If a woman is not sure if the abortion occurred, because she had no or little blood loss, she must not wait and should try to check as soon as possible to see if she is still pregnant. In this case she should have an ultrasound. The woman can tell the doctor that she thinks she had a miscarriage.

16. Can I eat or drink while I am taking the medicines?

A woman should not drink any alcohol or use drugs, as it can affect her judgment. She can eat food and drink liquids normally. However, as some women experience nausea she may want to eat lightly.

17. What happens if I do not use Misoprostol exactly on time?

This is no problem as long as you did not wait more than 12 hours.

18. I did the medical abortion but the pregnancy test is still positive. What should I do?

A woman should wait 3 weeks after the abortion to take a pregnancy test. Sometimes, pregnancy tests are still positive 3 or 4 weeks after the abortion, because the hormones are still in the blood. In this case only an ultrasound can confirm whether a woman is still pregnant or not.



If the pregnancy symptoms haven't disappeared a couple of days after using the medicines it is possible that the woman is still pregnant. Blood loss does not mean that the abortion was successful; that is why it is so important to check for ongoing pregnancy by ultrasound or a pregnancy test.

19. *What are the symptoms of an ongoing pregnancy and what can a woman do in this case?*

If the pregnancy symptoms such as nausea, breast soreness, and fatigue don't disappear after the medical abortion it is possible that she has an ongoing pregnancy. She can do an ultrasound or take a pregnancy test after 3-4 weeks. If a woman is not sure if the abortion occurred, because she still feels pregnant, she must not wait and should try to get an ultrasound to find out if she is still pregnant.

If she has an ongoing pregnancy she can do the medical abortion again a couple of days later.

If a woman is under 9 weeks pregnant and she has access to Internet she can ask help at: www.womenonweb.org or email info@womenonweb.org. Women on Web is an on-line medical abortion referral service that will help the woman access a medical abortion with Misoprostol and Mifepristone which is effective in 97-99% of the cases.

20. *I did the medical abortion a few days ago and still am in a lot of pain. Is that normal?*

No, this is not normal. If the treatment was successful, a woman should no longer suffer any pain, just some blood loss. If there are a lot of remaining pregnancy products in the womb (incomplete abortion) it can cause pain. The only way to check this is to get an ultrasound.. If the abortion was incomplete, she might need an additional dose of Misoprostol (2 Misoprostol pills under the tongue and let them dissolve at least 30 minutes)

However there is no need for a curettage or a vacuum aspiration to remove remaining tissue from the womb as usually the womb will expel the remains by itself during the next menstruation if the woman has no complaints!

A curettage or vacuum aspiration might only be needed in case the woman has a lot of complaints!

21. *What is the treatment for an incomplete abortion/incomplete miscarriage?*

If the abortion was not complete, a woman might need an additional dose of Misoprostol, a curettage or a vacuum aspiration, during which a doctor will remove remaining tissue from the womb. Doctors have the obligation to help in all cases. The additional dose of Misoprostol for incomplete abortion is: 2 pills under the tongue and let them dissolve for at least 30 minutes.

22. *How do I know I have an infection?*

If a woman has a fever of more than 38 degrees Celsius for more than 24 hours or fever of more than 39 degrees **or** if a woman notices that her vaginal fluids are not normal (they smell bad, do not look like usual) she should go to a doctor as soon as possible. These symptoms might be signs of infection. An infection can be treated with antibiotics; the most



common antibiotic to treat this kind of infection is Doxycycline. (tablets of 100 mg, twice a day for 7 days)

23. What are the symptoms of a pregnancy outside the womb and what is the treatment?

If a pregnant woman experiences faintness or extreme abdominal pain, then she should get medical help immediately, because it might be a pregnancy outside the womb (ectopic pregnancy) that has ruptured. This is a life-threatening situation and the doctor will always help her. The treatment is with a medicine called methotrexate or surgical removal of the ectopic pregnancy and it is necessary to save the woman's life.

24. What can I say if I go to a doctor or hospital because I might have a complication?

It is not necessary to tell the medical staff that she tried to induce an abortion, a woman can also say she had a spontaneous miscarriage. The doctor CANNOT see the difference. The treatment for an incomplete abortion or miscarriage is exactly the same.

25. Can the medicines be detected in a blood or other type of test?

No, a blood test or other type of test (like biopsy) will NOT show that a woman used Misoprostol. Doctors cannot recognize the difference between spontaneous miscarriage and induced abortion unless they find traces of the pills.

26. What are the chances that the fetus will be malformed if I have an ongoing pregnancy after using medical abortion?

In order to entirely avoid the risk of having a malformed fetus a woman should end her pregnancy if the attempt to provoke an abortion with medicines is not successful. There is an association between birth defects and Misoprostol. These defects include abnormalities in the skull and the limbs (called Mobius Syndrome). However, the relative risk to having a baby with malformations after using Misoprostol is low (less than 1 malformation in 1000 births when the fetus was exposed to Misoprostol).

To compare: the normal risk of having a child with Down syndrome is 1 in 1,300 for a 25-year-old woman; at age 35, the risk increases to 1 in 365. This is a much higher risk than the risk of malformations as a result of the use of Misoprostol. If a woman fears malformations after an unsuccessful attempt to have an abortion with Misoprostol pills, she should see a doctor and have an ultrasound. The malformations do show on ultrasound.

27. Can I get pregnant again immediately after doing a medical abortion?

Yes. If a woman does not want to become pregnant right away, it is very important to start using contraceptives immediately.

Condoms can be used immediately. The contraceptive pill and other hormonal contraceptive methods like the patch, ring, or shot can be started on the day a woman takes the Misoprostol. If for some reason the medical abortion did not work and she is still pregnant, the hormones used in the birth control pills, patch, ring and shot are not



dangerous to a developing fetus. A woman should always confirm that the abortion was successful. Before a woman gets again her normal period back, the hormonal contraceptives are less effective than usual, so she should use also a barrier method (like condoms).

An IUD (coil) can be put in place as soon as 4-14 days after she takes the Misoprostol, even if there is still light bleeding. She can also wait to insert an IUD until her next regular period, but she will need to use another contraceptive method in the meantime if she does not want to risk becoming pregnant.

If a woman wishes to become pregnant again after doing a medical abortion, it is also better to wait until after the first normal menstruation, so she should use contraceptives until then. Although it can take several weeks (usually 4-6 weeks) after the abortion before she gets her normal menstruation again, she could ovulate in the first week or two after abortion, which means she could get pregnant right away.

28. *When can I start to have sexual relations again after a medical abortion?*

It is best to wait 5 days after taking the Misoprostol to have sexual relations. Right after the abortion, the entrance to the womb (cervix) might be slightly open, and there is a greater risk of infection if a woman has sexual relations during this time. She should not put a tampon or anything else in the vagina for 5 days.

29. *Will I have emotional problems after the abortion?*

If a woman is not sure if an abortion is right for her, she should discuss it with a trusted friend or family member before using any medicines.

Most women do not need any psychological help after an abortion. Feelings of regret after abortion are rare. Indeed, the most common emotional response after abortion is relief. Transient feelings of guilt, sadness, or loss are common but most women can overcome negative feelings that might affect them. It is normal to feel emotional after an abortion. While she may experience sadness or grief, these feelings usually go away after a few days. But in countries where the taboo and social stigma is big, it is more common for women to suffer feelings of guilt and shame. Some women feel bad about themselves because they don't feel guilty about having an abortion, but think they should feel guilty. In general, understanding emotional pain can help to begin to let go of the grief, guilt, rage or shame.

A woman that has an abortion is not a bad person because she had an abortion. She is also not alone in having chosen abortion. Many women are surprised to learn that about 42 million women worldwide have abortions every year.

30. *Is it safe to give birth at home?*

If the pregnancy was normal a woman can give birth at home with the help of a skilled birth attendant. Unfortunately, a skilled birth attendant is not always available and sometimes a woman is alone or with somebody who is not experienced in guiding a birth process.



If a woman has a pregnancy with a complication like high blood pressure, diabetes, severe anemia, too much or too little fluid, abnormal growth of the fetus or problems with the placenta, she should always give birth in a hospital.

A woman can start giving birth at home but during the birth process may develop problems because the baby is too big for the woman's body, the baby is not in the proper position, the birth might take too long, or the contractions of the womb might not be strong enough. In these cases the woman has to be transported to a hospital as soon as possible to give birth under medical guidance.

31. What is a postpartum hemorrhage (PPH) and when does it happen?

Postpartum hemorrhage is excessive vaginal bleeding within 24 hours after giving birth. This means more than 500 ml. of blood loss.

Even if the whole birth process seemed to have gone well, a woman might still get PPH. It is the main cause of death after giving birth (25% of all maternal deaths worldwide). 125.000 of the 515.000 women who die in pregnancy die because of bleeding after giving birth.

32. How do I recognize PPH when it happens?

Often it is difficult to estimate blood loss after birth. Bleeding may be slow and happen over several hours.

33. What causes PPH?

The main reason for heavy bleeding after giving birth is that the womb does not contract (70-90%). Other causes are heavy damage to the birth canal (tears etc), retained placenta, rupture of the womb, inversion of the womb, and DIC (disseminated intravascular coagulopathy) which is abnormal blood clotting in the veins

34. When does the placenta usually get expelled?

In 90% of cases the placenta is expelled within 15 minutes after the baby comes out. PPH occurs 6 times more often if the placenta is not expelled within 30 minutes.

35. Why does the womb sometimes not contract?

- If there still is placenta in the womb
- If the womb was very big because of multiple pregnancies, a big baby, lots of fluid
- If the labor lasted very long or was very fast
- Full bladder

36. What can I do to prevent the PPH?

It is possible to prevent PPH in 60% of the cases if the following measures are taken after the child has been born but before the placenta is out (the 3rd stage of labour).

These measures are:

1- Immediately after giving birth, dry and stimulate the baby, put it on the belly of the woman or close to her breasts if she wants to breastfeed (HIV positive women should not



breastfeed as it increases the risk of infection for the baby). Cover the head of the baby with a warm cloth or blanket.

2- Within 1 minute after the baby is born, feel the belly to make sure there is not another baby in the womb. If there is not another baby, make the womb contract by putting 3 tablets of 200 mcg Misoprostol under the tongue. The woman can do this herself even if there is no skilled birth attendant helping her with the birth.

3 - Clamp the cord and wait for the placenta to come out.

If a skilled birth attendant is present she or he can help the womb expel the placenta quickly: After giving Misoprostol, she can clamp the cord from the placenta, put her hand on the lower belly to support the womb and gently put traction on the cord when the womb contracts (controlled cord traction).

4- Massage the womb (at the top end) after the placenta comes out until it is contracted (feels like hard ball). Do this every 15 minutes for the next 2 hours. The woman can also massage her womb herself or have anybody present at the birth to do this.

37. What should I do when there still is heavy bleeding after using Misoprostol?

Even when trying to prevent PPH, 3% of women will loose more than 1000 ml of blood. If a woman starts or continues to loose a lot of blood after using Misoprostol, she should be transported to a hospital as soon as possible!!

38. What happens if there still is another baby in the womb when the woman uses Misoprostol to prevent PPH?

If there still is a baby, there is a risk that the womb will rupture, this is very dangerous.

39. Are there other medicines that can be used to make the womb contract?

Yes, injection of Oxytoxine cause the womb to contract and prevent PPH, but these can only be applied by a skilled birth attendant. Misoprostol can be given by people who are not health professionals. It does not require refrigeration and is cheap.

40. What are the side effects of using Misoprostol after giving birth?

A woman can experience fever/chills, nausea and vomiting, diarrhea, pain

41. Can I breastfeed immediately after using Misoprostol after I give birth?

Yes, a woman can start breastfeeding normally.

When administered for PPH prevention, Misoprostol has no breastfeeding contraindication. HIV positive women should not breastfeed as it increases the risk of infection for the baby.



Pre Test/ Post Test

1. When can a woman get pregnant?
 - a) During her fertile period, beginning 5-7 days after her period.
 - b) During her fertile period, 5-7 days before her period.
 - c) Throughout the menstrual cycle.

2. To avoid an unwanted pregnancy after unprotected sex or rape, a woman can:
 - a) Douche with warm water and mild soap within 12 hours.
 - b) Take 2-4 birth control pills within 72 hours and then take 2-4 more 12 hours later.
 - c) Take 2 tablets of Misoprostol within 72 hours.

3. The risk of postpartum hemorrhage (PPH - heavy bleeding after birth which can cause death) can be reduced by:
 - a) Putting 3 tablets of Misoprostol in the vagina immediately after birth
 - b) Cannot be reduced
 - c) Putting 3 tablets of Misoprostol under the tongue immediately after birth

4. A woman should NOT use Misoprostol for prevention of PPH if:
 - a) The placenta is still in the womb
 - b) There still is another baby in the womb (twins)
 - c) There is no skilled birth attendant with her.

5. What is the best way to use mifepristone for safe abortion?
 - a) swallow 1 tablets of 200 mg mifepristone and repeat this after 24 hours
 - b) swallow 1 tablet of 200 mg mifepristone, after 24 hours put 4 pills of 200 micrograms Misoprostol under the tongue for 30 minutes
 - c) put 1 tablet of 200 mg mifepristone under the tongue, 24 hours later swallow 4 pills of 400 micrograms Misoprostol.

6. What is the best way to use Misoprostol for safe abortion?
 - a) Put 4 pills of 200 mcg Misoprostol in the vagina. Swallow 4 pills of Misoprostol 2 hours later.
 - b) Put 4 pills of 200 micrograms Misoprostol under the tongue for 30 minutes. After 3 hours she should repeat this, and after 3 more hours she should repeat this again.
 - c) Swallow 4 pills of 400 micrograms Misoprostol. Wait 6 hours. Put 6 pills of Misoprostol in the vagina (near the cervix) and lay still for 2 hours. Repeat the pills in the vagina after 2 hours.

7. A woman should go to the hospital for treatment as soon as possible if:
 - a) She has heavy cramps
 - b) If she has a lot of bleeding
 - c) If she has a lot of nausea

8. If the woman does not bleed after taking the Misoprostol the reason could be:
 - a) She is too late in her pregnancy for the Misoprostol to work
 - b) She has an ectopic pregnancy (pregnancy outside the womb)
 - c) She is pregnant with twins

9. After an abortion, a woman can get pregnant again:
 - a) Immediately
 - b) Within one week after the abortion
 - c) After her next menstrual cycle



Hotline Training Manual

How to Establish a Hotline to Provide Women with Information about Safe Abortion

Establishing a hotline provides a platform to engage activists in direct assistance to women and to raise awareness about the need to challenge unjust abortion laws and regulations. Hotlines can serve women with no access to Internet, provide direct contact with women who need assistance, and can develop local resources and expertise to meet women's needs for access to safe abortion.

Principles of the Hotline

Women on Waves believes that well-trained volunteers, backed up by medical professionals, can respond to women's needs for safe abortion information. The hotline does not claim to give expert medical information, but can be an excellent resource for answering women's questions about abortion and reproductive health and a referral source to help women find the expert care that they need.

The goal of the hotline is to give women-centered, supportive care to every caller. No question is too small, and no problem is too large. Every woman who calls will be given respect, medically accurate advice and/or the best possible referrals.

How to Set up a Hotline

- a. Getting Started
- b. Recruiting Volunteers and Building a Team
- c. Training Hotline Volunteers

a. Getting Started

These are the basic components needed to set up a hotline:

- Gather at least 3 volunteers who are willing to train and be available to answer the hotline or make call back.
- Develop a resource list with contact phone and other information so you can give good referrals to callers. Examples of resources that should be on the list include:
 - a) Domestic violence
 - b) Family planning and contraceptive advice
 - c) Homosexual rights and counseling
 - d) Post-abortion care
 - e) Psychological counseling
 - f) Other health care issues



- Establish a special phone number for calls from press, allies, referral sources, etc. This can be at an existing organization or a separate new number.
- Set up the hotline
 - a) Establish a number; decide if it can be toll-free or a call back SMS (text) service. Discuss the pros and cons of a landline or mobile line. You can use a prepaid Sim card with a number that is easy to remember or sign a contract.
 - b) Determine the hours the hotline will be working (for example 1 hour per day in the evening) or leave a prerecorded messages with information.
- Create a resource binder or website with all training information, referrals, and standard answers to most common questions.
- Create a hotline book for tracking your callers and the follow-up. You should register all the phone calls you make and receive. The first pages of the book will be used for an overview the women to be called back and to keep track of how many calls come in. Divide the pages by date.
- Create an intake page for the hotline book for each woman. Examples of what should be on this intake page include:
 - Date of call
 - Name
 - Phone number or way to contact the woman
 - City where she lives
 - Age
 - Date of last menstruation
 - Medical history – is she healthy or does she have any medical problems
 - Medication used by the woman
 - How long she thinks she is pregnant

Remember that the information in this book could create problems if it falls into the hands of hostile authorities. Create a plan for keeping the intake pages secure.

b. Recruiting Volunteers and Building a Team

To start a hotline, it is important to have a core of at least 3 volunteers who trust each other and work well together. In countries where abortion is legally restricted or a taboo, it is natural to be fearful of speaking out. Therefore it is important to think about how you recruit and how you build a team.

Recruiting

Natural sources of good volunteers are women and men who are already involved in activist work or reproductive health work. It is important to find volunteers who are trustworthy and cooperative with each other. The smartest volunteer in the world is not useful if she/he antagonizes those she/he works with!

Building a Team

Once there is a core of volunteers, it is important to create an atmosphere of mutual trust and connection. It is this atmosphere of trust that you also want to create with the women who call the hotline.



To build this trust and connection with the team, bring all the volunteers together for 3-4 hours, at a time that works well for everyone.

- Start with asking each volunteer to say a little about herself, and what motivates her to join the hotline. The goal is to understand why each volunteer has joined the group.
- Ask each volunteer to tell about someone she knows who has had or has needed an abortion. She can speak about herself, a friend, a family member, or someone she has read about. The goal is to share stories that create a shared sense of the experiences women in your country have had with abortion.
- Ask each volunteer to think of someone in your country who has stood up against injustice in some way. This can be as personal as standing up to a bully or as political as attending a demonstration against the government. Ask each volunteer to say what it took to find the courage to stand up, how it felt to stand up, and how they feel now talking about the courage they showed during that event. The goal is to share examples and experiences of standing up for what you believe in.
- Ask each volunteer to share what she hopes to get out of the experience of working on the hotline.

At the end of the session, ask everyone if they have suggestions for future ways to build your team. Thank everyone for coming, and schedule a time for the volunteer training.

c. Training Hotline Volunteers

Your perfect hotline volunteer should have two qualities: willingness to listen carefully, and access to accurate information. Both of these qualities are equally important in providing quality services to women.

Training volunteers takes some time. Before the formal training, each volunteer should read "*How can I do an abortion*" and "*Q and A*" pages from the Women On Waves website, www.womenonwaves.org and www.womenonweb.org. (If there is no computer access, request copies of these pages from Women on Waves.)

Training Tips:

If possible, get a place with access to Internet. Use the: "*How can I do an abortion*" and "*Q and A*" pages from the Women on Waves website for the training. (If this is not possible, print out the pages from the website or request copies from Women on Waves.)

Use role-playing with the "*Q and A*" as a learning experience. One person pretends to be women in need, the other volunteer who answers hotline.

Make sure that all the volunteers read all the supporting medical papers published by the WHO. Discuss with them any doubts and provide additional knowledge.



How to Respond to Callers

Recommendations on how to speak to women on the phone:

- Remember that every situation is unique – listen carefully to the situation and story of each woman and personalize your advice to her needs.
- Try to be warm, nice, and comprehensive. Make a woman feel that she can trust you and she can be taken care of. You are often the only one she can speak to. Build a relationship.
- Always try not to scare a woman but to reassure her. Recognize and acknowledge to her that you understand that her situation is difficult and stressful. At the same time also be realistic and explicit if you feel that her health is at risk.
- Always give a possible solution to her request/problem. Avoid the attitude “*we cannot help you anyhow*”. Even if you cannot directly help, you can always refer her to another organization and give her emotional support. Imagine yourself in her shoes. Show your interest!
- When women call the hotline, always ask if you can call them back. This is an important way to get their phone number, prioritize those calls that are most urgent, and it is also cheaper for women and therefore more accessible. If the hotline phone works with a prepaid card, make sure there is always enough credit on the card.

Remind volunteers that:

- Answers at the hotline should always be based on scientific information for legal reasons. Volunteers should never give personal opinions or information that is not based on knowledge. If you get a question you cannot answer, let the woman know that you need to research the answer and find out how to get back in contact with her once you have accurate information.
- Never “invent” any answers that you are not sure about. You can always call back after consulting an expert.
- It is very important that volunteers listen and show sympathy to all women. Some of the women eventually may have to be referred to a professional.
- Always answer directly all the queries of women. However, be careful to use language that does not encourage a woman to choose or to have an abortion – volunteers help women who have already decided to have an abortion to have information that increases women’s safety.
- Always contact coordinators if you have a question.
- Volunteers are NOT medical experts, but can give very accurate information about medical abortion. When a woman has a complicated medical situation, it is important to refer her to a medical professional.

Remember the two principles – be supportive and compassionate, and give accurate information.

If the press calls the hotline, give them the general phone number:



1. Tell them that you cannot give them any information. Do not answer any questions and refer them to the press officer.
2. Be very friendly.
3. Tell them you have to keep the line free for women that need help.
4. Hang up.

If people call who are against abortion or who try to offend you:

1. Do not engage in the discussion and stay calm.
2. Do not listen any further and cut them short.
3. Tell them you have to keep the line free for women that need help.
4. Hang up the phone immediately after saying that and do not spend any more time talking to them.

Hotline Protocols

- A hotline book where you should register all the phone calls you have made is available for use. (See Section III Getting Started)
- The police or justice department might tape the hotline. Take that into account when talking with women. Also be careful when you talk about the hotline in public; assume everybody is listening to you.
- The rate of hotline calls varies, and can depend on the total number of hours each week that the hotline is open. Usually there are up to 20 calls each day of women seeking and some anti's (5 to 10). There are not very many calls about contraceptives use – that can vary dependently on the region. Sometimes women write an SMS (text message) and ask to be called back.
- A flood of SMS (text messages) from anti's can block the hotline. Write down the numbers if there are threats and delete the messages.
- Some requests for help come by email to the organization responsible for running the hotline. The hotline team should make a schedule of who will check for hotline emails and answer them. It is best to formulate a standard answer like e.g. “If you have a phone please give us the number and we will call you”, and put this on auto respond.
- Have a calendar at hand so that you can calculate the days a woman is pregnant. Some women have irregular menstruations and it can be difficult. The duration of the pregnancy is usually calculated at 2 weeks after the first day of the last menstruation. (LMP – last menstrual period).
- Create new standard answers if you see need for it and add them to your “standard questions and answers”. Review this periodically and keep adding new information as needed.
- If women send SMS (text messages) because it is cheaper, prepare SMS (text) messages with answers max 160 characters.
Example: *Abortion: 4 pills misoprostol under your tongue. Repeat 4 pills miso. after 3 hours and than again 4 after 3 hours. If bleeding more 2 max pads/hour for 2 hours or more, go to doctor!*



Launching the Hotline

a. Before the Launch

b. Media/Press Events

c. Public Awareness Events

The hotline will only be useful if people know it exists. Therefore, it is important to think creatively about how to let people know about it.

Here are some ideas:

a. Before the Launch of the Hotline:

Inform other women's, feminist and abortion rights groups and ask them to make supportive statements to the press. If they do not wish to be publicly supportive, ask that they not say anything negative to the press about the hotline

For the public launch of the hotline, you can do a media event and/or public awareness strategies.

b. Media/Press Event:

- Plan action and time of launch.
- Hotline number has to be visible at all times, during press conference etc.
- Mobilize more groups and volunteers to participate in launch hotline.
- Appoint 2 or 3 people who will be the spokespersons for the hotline, decide on a coordinated message.
- Find a sympathetic doctor who is willing to discuss the safety of the hotline for the press. (Make sure you can refer the press to him/her) if you cannot find such a doctor, one of the Women on Waves doctors will come.
- Prepare a media strategy. (*How to Handle the Media* in Appendix C)
 - a) Make list of local papers, radio and television to send the press release. Include community and national radio and television. Think about using blogs.
 - b) Media contact phone number should be different than the hotline number (you do not want to keep hotline busy with press, it is meant for women. If press calls hotline refer them to the other number).
 - c) Contact journalists that will be sympathetic to the case in advance
 - d) Prepare a press release. Remember that the press is only interested in controversial issues. The launch should be an action that is controversial together with a press conference to explain the hotline idea. Send the press release 48 hours before your event.
 - e) Prepare a press statement. Use clear language and focus on the safety of home abortion with pills. Do not address the risk of illegal abortions.
 - f) For press who come to the event, make a press package with the press release, the press statement and information from the WHO on the use of misoprostol and safe abortion.
 - g) See Appendix C and D for tips on preparing to deal with the media,
 - h) Choose a media that reaches women in your target area (consider radio) and identify a clear message that will reach these women.
 - i) Try to find media icons or respected figures to be spokespeople for the hotline to the media.

Remember, there is no such thing as bad media. The goal is that the hotline is covered widely so that women can learn about it



c. Public Awareness Strategies:

Be creative in finding ways to let women know about your hotline.

Some ideas include:

- Street actions like graffiti, stickers, and flyers with hotline number
- Advertise the hotline number in the newspapers
- Stamp the hotline number on money
- Hang banner in controversial public place with "safe abortion" and the hotline number
- Launch in the parliament (Make T-shirts with each one or 2 letters/ numbers and sit so that when you stand up the text "safe abortion and hotline number" appears)

Street theater such as "we will do an abortion in public" - 5 women will take misoprostol in front of the banner with hotline number at public place. Inform police, minister of justice and anti-abortion groups that women will induce their abortion. Be sure and let the press know you have informed the police and minister of justice. See what the reactions are. If there is no intervention, on the next day, send out a press release that emphasizes the safety of women getting information and performing safe abortion with medicines. The press release should emphasize that the laws are ancient, inhumane and do not reflect women's reality. If you feel that it is safe and appropriate, you can also use parody and try to ridicule the ancient laws.

For any of these publicity strategies, plan carefully. Decide what exactly you want to accomplish, a start and end time, and what problems and risks you might encounter. For any activity, think about whether you want to include a press strategy to get more attention to your actions.

How to Handle the Media

To avoid any confusion about how the campaign is presented to the press, there should be official spokes persons who are clear on the politics and strategies. Other volunteers should not make statements to the press other than what is provided on the fact sheet. Volunteers may of course talk on a personal level to the press or explain to the general public what the issues are, provided they use the language from the fact sheet. Please use common sense as to what to say for the general good of the campaign. The press can sometimes become rude and pushy. Please stay cooperative and polite.

The press may be interested to know what motivates the volunteers and may want to write a profile. All volunteers should first check with the media team or spokespersons before giving press or TV interviews.

What you need to know about journalists:

1. Journalists are generalists not specialists.

Most journalists know a little bit about a lot of issues. Few journalists are specialized.

For you this means:

- *Realize that journalists aren't very well informed about the public health issues or history of abortion and unsafe abortion in general.*
- *Prepare a short statement with some general facts about how unsafe abortion harms women and why the hotline is necessary to protect women's lives and health. Read the Q & A to learn about the facts most asked for by journalists and learn them by heart.*
- *Don't speak in 'jargon' about medical or ethical issues. Do try to give the protocol for safe use of misoprostol. If the journalist publishes this, many women will learn how to do a safe abortion!*



2. Journalists always work with deadlines.

They usually work under extreme time pressure and as a result, they don't have time for very complex items or small details. That's why they like "fast, short, to the point" information or "sound bites".

For you this means:

- *Use the fact sheet. Give a short but clear answer if you know the answer*
- *Don't try to answer 'difficult' questions but send the journalist politely to the spokespersons*
- *Read, practice and remember the 'sound bites'*

3. A journalist needs 'scoops'.

To be a good journalist one has to be faster, sharper, better and earlier in getting the news than one's colleagues. He needs 'scoops' or exclusive news in order to distinguish himself from the others.

For you this means:

- *Remember journalists are in a permanent 'rat race' with their colleagues, because they have to score. It also means that if an item is 'hot news' all the media will follow because they don't want to stay behind.*
- *Remember also: good news doesn't sell - if 'it bleeds, it leads'. Journalists look for sensational news. They believe that this is what the public wants. They will often try to focus on the most sensational part of your story or change your words to make the story more dramatic.*

4. To do his job a journalist needs information and YOU are his source.

For you this means:

- *Be aware of the fact that a journalist will try to gather his information 24 hours a day. "Off the record doesn't exist". A journalist is **always** on duty.*
- *Don't talk 'off the record'. If you don't want to be quoted, don't say anything. Remember this when you are having a drink with a journalist or when you're talking together without the journalist writing or filming.*
- *Realize you can be filmed at any time, so be aware of your appearance and of every word that you say.*

5. We need the journalist as much as he needs us.

We want to attract media attention in order to catalyze public discussion about abortion.

For you this means: *Try to cooperate with the journalist!!*

Do's and don'ts of dealing with the media

Remember: the journalist needs you in order to do his job. You are his source.

This doesn't mean you have to answer all the questions. Also it is not always desirable that you answer. Your goal is to repeat your message, even if it doesn't fit the question that you are asked!

Don't



- Don't talk "off the record"
- Don't make jokes
- Don't discuss ethical or medical matters with journalists
- Don't talk 'on behalf of or about others', but speak in the name of your organization
- Use the name of your organization instead of saying "we"
- Don't let the journalist convince you to make a statement. Give a friendly smile and say you have to continue with your work
- Give facts, not your personal opinion
- Never lie
- Don't attack the journalist; he's just doing his job
- Don't speak too fast
- Never lose your temper
- Never say: no comment or I don't know, but give a reason why you can't answer a question and say for example:
- 'I am not authorized to answer this question, but I can refer you to the person in charge'.

Do's

- Always tell the truth
- If you don't know the answer you explain politely why you can't and you say for example:
- 'I am afraid I can't answer your question, but I give you the name and the number of a person who could inform you further'.
- Be positive about the whole campaign
- Be friendly and polite, but remember; the journalist is not your friend
- Give explanation, don't only say 'yes' or 'no', but tell why things are like they are
- Give the protocol for safe use of misoprostol for abortion. If the journalist publishes this, many women will learn how to do a safe abortion!
- When you are filmed: stand straight, keep your head still, speak slowly and look in the camera
- Be professional. Think about what you are wearing and how you present yourself (see Appendix D)
- Think about having a large poster with how to safely use misoprostol – and hope that this is captured in the media!

DO prepare, prepare, prepare! Use the Q and A on p. 26 to understand how to answer questions you don't want to answer!

How can you be professional?

- Try to obtain accurate information about the media the journalist works for. If he works for a Catholic newspaper it is good for you to realize this when you give your answers.
- Know what you want to say and how you want to say it. Practice some of the Q and A below and from your fact sheet
- Show that you're involved and interested
- Be compassionate and persuasive

Exercises

- Formulate your personal answers and practice them
- Formulate several polite, professional answers to questions you can't answer
- Using Appendix D, the spokespersons should role play the Q & A to prepare for any press event



Appendix D

Press Q and A for Launching a Hotline

To Prepare For A Press Event or Press Conference

Appearance

It is important to look professional and be prepared for cameras.

- Wear professional and appropriate clothing.
- Dress in colours; no black.
- If you will be in front of the cameras, consider using powder so that your face doesn't look shiny.
- Don't let your hair hide your face.
- Keep your head up and chin down; look straight at the camera, not at the person you are speaking to.
- Decide what to do with your hands, don't make too many wide gestures, and keep them near your body.
- Keep your head still. Stand or sit straight, and try not to wiggle or fidget.

General Speaking Tips

- Practice the Q and A until you feel confident and knowledgeable
- Do not focus on illegally and unsafe of abortion, this confuses the message. Always say something positive in first sentence
- Don't use: "*I believe.*" But use "*scientific research has shown*"
- Talk slow, fluently with expression,
- Just answer the question that is asked in short and clear sentences.
- Do not talk too much. If the journalist keeps quiet do not start getting nervous; just also stay quiet. This is a common journalist's trick to make you say things you have not thought about carefully.
- Keep your message simple and clear!

Knowledge is Power!

Get your local facts (look at websites Guttmacher institute <http://www.guttmacher.org/>, WHO <http://www.who.int/en/>, UNFPA <http://www.unfpa.org/public/>):

- What is the law regarding abortion in your country?
- What is the abortion rate?
- What is the complication (morbidity) and mortality rate of women from unsafe abortion in your country?

Facts:

- 1 in every 470 women undergoing an unsafe abortion dies unnecessarily (in total approximately 48.000 women every year)
- Every year approximately 20 million unsafe abortions take place worldwide.
- Mortality of safe abortion – approximately 1:300.000 (1 in 300,000 women dies from a safe abortion)
- Mortality giving (safe) birth approximately 1:10.000 (1 in 10,000 women dies giving birth in safe conditions)
- Mortality miscarriage (USA) approximately 1:150.000 (in the US, 1 in 150,000 women dies from miscarriage)
- 22% of all pregnancies are ended by an abortion worldwide
- 15% of all confirmed pregnancies end in a natural miscarriage worldwide



Anticipate the misconceptions of the media and general public:

There are myths about abortion in the minds of many, including journalists. Think about these myths and how to dispel them as you prepare to talk to the media. Add other myths from your region to this list.

- 1- Abortion is dangerous
- 2- Abortion has to be done by doctor or in hospital
- 3- Women are irresponsible and unable to make their own decision
- 4- Abortion is immoral and bad
- 5- Abortion is traumatic
- 6- Abortion is rare, and few women get abortions

Think about how you will correct these misconceptions!

PRACTICE QUESTIONS AND ANSWERS

What is this campaign about?

This is the launch of a safe abortion hotline. The number is Women can call to get information how to do a safe abortion with pills themselves at home based on research done scientific information by the world health organisation

What kind of information is given on the hotline?

The hotline gives information about safe abortion at home with Misoprostol or cytotec, a medicine that is available here in, and all other sexual health related information. Women can call.....

How can women get the pills?

We know that women have ways to get misoprostol or cytotec. They get it without prescription by buying it for somebody with arthritis; they falsify prescriptions, but it on the black-market or get it through the Internet site of women on web. For more information women can call.....

But cytotec is only registered to use for ulcers or arthritis

Cytotec is on the list of essential medicines of the World Health Organisation. It is also used in obstetrics and gynaecology (for postpartum haemorrhage, incomplete abortion and to induce birth).

Are you helping to murder babies?

Every year 42 million women choose to have an abortion. (In this country every 1 per... woman will have an abortion sometime in her life) These women make a private, moral and responsible decision. These are women are your mothers, friends, sisters, daughters. Many of these women already have children, and are making the decision that they feel is best for their family.

But don't you think it is killing a life/ a child?

This is a personal decision that everybody should make for himself or herself. Every woman is capable to make that decision for herself.

Is it illegal to run the hotline?

It is a human right to get and give information. The hotline gives information based on scientific research about safe abortions at home.



Don't you have to respect the laws in this country?

(Number) women have abortions here whatever the law, and what is the most important is that they know how to do it safely. We believe that the hotline will protect women's health and save lives.

Do you promote abortions with this service?

No, we do not promote abortions. We only provide accurate and essential medical and scientific information.

Is this dangerous for women?

An abortion with pills is very safe and effective to do at home till 9 weeks of pregnancy. Millions of women have done abortions at home in United States and Europe and it is standard practice there. The pills are on the list of essential medicines of the WHO.

But in other countries is it done under doctor supervision?

Well, one does not really need a doctor to put 4 pills under your tongue. An abortion with pills is very similar to a miscarriage. Most miscarriages are handled by women themselves without a doctor's supervision.

What if women are more than 9 weeks pregnant?

The pills still works but doses are different and women are advised to take it in the waiting room of a hospital. But for these types of questions it is better to call the hotline number.....

What is the worst thing that can happen?

Like with a spontaneous miscarriage, in rare cases there is too much bleeding. However, like a miscarriage this can easily be treated by a doctor with an aspiration.

Are foreigners helping with the hotline?

Like other human rights campaigns, this is an international collaboration. Local groups (name them) invited Women on Waves (or/and Women on Web) to join us to develop the hotline.

Could you explain how the abortion pill works?

The abortion pill creates a miscarriage. To induce a miscarriage a woman should use 4 tablets of misoprostol under the tongue, and repeat this with 4 tablets after 4 hours and again after another 4 hours, for a total of 12 pills. For more specific information, please talk to the doctor. *(Do not answer the question!)*

How many women have you helped?

Thousands of women get unsafe abortions in this country every year. The Hotline will give women information to protect their health and their lives *(do not answer the question!)*

How many women are you going to help?

Thousands of women get unsafe abortions in this country every year. The Hotline will give women information to protect their health and their lives *(do not answer the question!)*

Can you introduce me to women who had abortion?

We respect the privacy of every woman who has an abortion. *(Do not answer the question!)*



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