

April 7, 2020

Pakistan Alliance for Postabortion Care (PAPAC) Statement on Coronavirus (COVID-19) infection & SRH and Postabortion care

As countries around the world are experiencing different levels of impact of COVID-19 on their health systems and societies, many are enacting measures to slow the spread of the virus. At this moment, facilities are preparing for a surge in COVID-19 cases and increased strain on their staff, resources, and systems, and some may decide to postpone non-essential or elective procedures. During this public health crisis, pregnancy care, including abortion care and contraception, should remain an essential health service. Abortion care and contraception is a time-sensitive service that cannot be significantly deferred without profound consequences for women and their families. Pregnant women, together with their families decide to end a pregnancy (*to the full extent of the country law*¹) for a complex constellation of reasons that include the impact of pregnancy and birth on their health and socioeconomic well-being. These are conditions that do not go away—and are likely heightened—in the face of a pandemic. Comprehensive sexual and reproductive health services—including safe abortion and contraceptive care—are often neglected in public health emergencies as the global community struggles to meet competing needs.

As the World Health Organization has stated, abortion and contraception are an essential part of women's healthcare²; States have an obligation to ensure that women and girls do not undertake unsafe abortions. Lack of access and/or Denying or deferring abortion/post abortion care and contraception places an immediate burden on patients, their families, and the health system, and can have profound and lasting consequences. The rare complications to a woman's health resulting from abortion increase as gestational age increases, highlighting the need for timely access to treatment.

United Nations human rights bodies have also affirmed that states must provide women access to safe, legal and effective abortion services particularly where their life or health is at risk, or where carrying the pregnancy to term will cause substantial pain or suffering (*General Comment No. 36, Human Rights Committee*). UNFPA reiterates maintaining continuity of maternal health and other sexual and reproductive health services and ensure women's and girls' choices and rights to sexual and reproductive health is respected regardless of their COVID-19 status, including access to contraception, emergency contraception, safe abortion to the full extent of the law and post-abortion care³.

Pakistan Alliance for Postabortion Care (PAPAC), a national network coalition of 40+ local and international organizations established since 2010, calls upon the federal and provincial governments and private-sector stakeholders to maintain in facilities (including COVID-19 committees and institutions making decisions at the national, regional and provincial level) to ensure that facilities providing SRH care remain open and continue to provide outpatient safe abortion and post-abortion care & Postabortion counseling and contraception as essential care. The following **lpas guidance** is issued to help country health systems in addressing abortion and contraception during this escalation of the viral pandemic.

¹ to save the woman's life or, early in pregnancy, to provide necessary treatment- Pakistan Abortion law_revision-1997

² Safe abortion: technical and policy guidance for health systems. World Health Organization, Second edition. 2012

³ https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Maternal_and_Newborn_Health_-23_March_2020_.pdf

Safe Uterine evacuation/Postabortion care and Contraception⁴ are the essential part of health care for women: services must be maintained even where non-urgent or elective services are suspended;

- Abortion and contraception are an essential part of women's healthcare.
- Abortion and contraception are time-sensitive, and attention should be paid to providing care as early as possible given gestational limits.
- Abortion is safer the earlier in gestation it is done. The risks of mortality and morbidity with safe abortion are low and lower than continuing a pregnancy to term but increases for each additional week of pregnancy after 8 weeks' gestation.

There is evidence that abortion rates are similar whether access to abortion is freely available or restricted, but that where access is restricted women are more likely to resort to unsafe abortion outside of medical regulation which is likely to be detrimental to both them and the healthcare system and may result in the negative outcomes we are aiming to avoid. Delay may mean that legal or programmatic gestation thresholds in some contexts are exceeded. Exceeding thresholds will prevent women getting early medical abortion and contraception at home, will increase demand on higher level facilities, and at more advanced gestations will result in more frequent complications, and require specialist skills that are already overstretched. The impact of not being able to obtain an abortion and contraception can be devastating, especially as presentation at later gestations are often from high risk groups, those with significant co-morbidities, or who are seeking termination for reasons of fetal anomaly.

Pathways to minimize COVID-19 exposure for women and staff

- Minimize in-person visits to the extent possible, by maximizing remote options (pharmacy- access of medical abortion and contraception, home administration of misoprostol and alternatives to routine follow-up).
- Offer medical abortion as alternative to surgical abortion to all women who are eligible and interested to minimize need of presence in facilities while ensuring that women have access to information necessary to ensure that medical abortion and contraception is administered as well as access to a medical facility in case of an emergency.
- Provide abortion care and contraception without pre-procedure blood testing or ultrasound, unless medical indicated.
- A medical abortion and contraception package should include misoprostol, analgesics (such as NSAIDs), an anti-emetic (if indicated) and written advice (including warning signs/ need to seek care) and plan for remote follow-up or self-assessment. The woman can collect the package with minimal contact from a reception area and Women should be given the option to discuss contraceptive options. Offer to include a method of contraception in the treatment package. Consider whether restrictions on travel and primary care will impact on a woman's ability to obtain contraception.
- For medical abortion, consider providing a further dose of misoprostol 400-800 micrograms (2-4 tablets of 200microgram each) for use if abortion has not occurred after 3-4 hours, especially where gestation is likely to be 8-11 weeks.
- Women self-isolating should be able to collect their treatment package for an early medical abortion and contraception from the provider, after remote consultation and with minimal contact. At later gestations, providers should explore if assessment can be done as soon as possible in adequate isolation.
- Maximize the use of remote consultations (e.g. via telephone/WhatsApp) to deliver pre- and post- abortion care and assessment. Consultations can be via telephone, but experience from providers who regularly use telemedicine shows that both women and staff value video-links (possible through WhatsApp), with solutions that can be delivered from a mobile phone without the need to download additional software being easiest to implement. Providers need to ensure the woman has adequate privacy at the start of the consultation.
- For women requesting an early medical abortion and contraception, only require her to attend in person where the benefit of doing so outweighs the risk of COVID-19 exposure and transmission.

⁴ National Service Delivery Standards and Guidelines for High quality, Safe Uterine Evacuation and Postabortion Care- Ministry of National Health services, Regulations and Coordination- Government of Pakistan_ March 2018



- Women who are infected with the coronavirus and present with heavy bleeding, septic abortion or other conditions which risk her health and life should be promptly treated. Providers should follow WHO guidance (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>) for personal infection prevention and control measures.
- Women may continue to be offered NSAIDS for pain relief during abortion procedures, even if they may be infected with coronavirus.

Disinfection procedures to prevent viral transmission

- Normal disinfection procedures for MVA devices should be followed. The coronavirus is an “enveloped” virus, and as such is susceptible to all recommended methods for HLD and sterilization.
- Perform disinfection of all touchable surfaces with 0.5% chlorine solution or other disinfectants several times a day, ideally between each patient.
- Avoid exchange of forms and pens for women to sign, where possible, to minimize exchange of touchable items that are difficult to clean.
- Additional resources on disinfection from WHO can be found here: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

Consent and safeguarding remote counselling

- The woman must be given enough information and time, including the opportunity to ask any questions she may have, so that she can give informed consent to proceed with the abortion and contraception.
- Written information could be provided or available prior to the consultation; this can be e-mailed, or a link sent by text/WhatsApp message.
- Judgement should be used to determine whether remote consultation is suitable and how to do one in a timely manner that avoids delays.
- The process of obtaining consent should follow normal best practices even when done remotely (e.g. provide full information on procedure and options, answer any questions or requests, and ensure woman is not being coerced and is able to make her own, private decisions).

Staffing issues

Staff who need to self-isolate but who are otherwise well and able to work should be supported to work from home, if possible. Where systems permit remote access, staff may be able to work from home in a range of activities that may include remote patient care, for example telephone consultations and remote prescribing. Providers should ensure their policies regarding remote access are clear, and where possible should facilitate this given the likely need for mobilizing all health workers to provide essential care during this pandemic.

Signatures:

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Also Endorsed by

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