

**[DOH ADMINISTRATIVE ORDER NO. 45B, S. 2000,
May 02, 2000]**

**PREVENTION AND MANAGEMENT OF ABORTION AND ITS
COMPLICATIONS (PMAC) POLICY**

I. BACKGROUND/RATIONALE

The Philippine Reproductive Health (RH) Program, created through Adm. Order 1-A, s. 1998 has ten elements, one of which is the Prevention and Management of Abortion and its Complications (PMAC). This element, aims to address the health and medical care needs of the many Filipino women who have had abortion, regardless of cause. Statistical reports show that among DOH-retained hospitals, abortion and its complications has been consistently the number 3 leading cause of hospital discharge during the five-year period of 1994-1998. A University of the Philippines Population Institute (UPPI) study conducted in 1994 shows that some 300,000 to 500,000 induced abortions are done clandestinely a year given that abortion is illegal in the country. This roughly translates to some 46 induced abortions done every hour in the country. Of the women who have induced abortions, one in every five women ends up being hospitalized due to complications. Women who have spontaneous abortion can also develop complications and end up being hospitalized. The problem of abortion and its complications thus exacts a heavy toll on the already limited health system resources and also on the general health and well being of the woman, her family and the society as a whole.

The existing health services available for women who have had abortion are limited to the medical treatment of the abortion complications. These services do not include counseling and referral to other available RH services, both of which are components of quality PMAC. A study conducted by the DOH-UNFPA in 1999 showed that there are no policies and guidelines on PMAC and that women who had induced abortion are discriminated against when they are hospitalized.

The PMAC element of the RH Theme is hereby established with the end view that women who have abortion are given quality and humane post-abortion care services by competent, compassionate, objective and non-judgmental service providers in a well-equipped institution, complemented by a supportive environment. In addition, women with threatened abortion are also given care to prevent them from progressing into a complete abortion. Likewise, preventive measures established will ensure that future pregnancies are properly timed, thereby excluding abortion.

II. GOAL

To improve the quality of health care services for the prevention and management of abortion and its complications in the Philippines.

III. OBJECTIVES

To strengthen the capability of the country's health care system in the prevention and management of abortion and its complications.

To improve the accessibility of quality post-abortion care services to all women of reproductive age in the country.

IV. COVERAGE/SCOPE

For the first year of implementation, PMAC shall initially be implemented in four (4) pilot hospital sites, including two DOH-retained hospitals, one LGU hospital and one private hospital. By the end of the fifth year of implementation (end of 2004), 50 DOH-retained hospitals shall be providing quality PMAC services.

The activities to be implemented include the following:

- a. Training of Service Providers on the prevention and management of abortion and its complications, including counseling
- b. Upgrading of health facilities in terms of minor renovations and provision of needed equipment and instruments
- c. Strengthening of linkages of appropriate services within the hospital facility with the aim of providing a holistic approach to quality care for PMAC
- d. Establishment of an effective referral system to link the community with the appropriate health care facilities for PMAC service
- e. Ensuring the availability of necessary supplies and drugs
- f. Provision of PMAC services in the health facilities.

V. GUIDELINES AND PROCEDURES

PMAC should provide comprehensive preventive and medical health care services. This should include the following three key elements:

1. Prevention and treatment of abortion and its complications;
2. Counseling
3. Linkages between PMAC and other RH services

1. *Prevention and Treatment of abortion and its complications*

Each level of the health care delivery system should provide services for the prevention and treatment of abortion and its complications.

The prevention of abortion is a major component of this element of the PMAC program. Abortions may be prevented if high-risk pregnancies are recognized early and this shall be done through early prenatal care. Patient education during prenatal care shall include information on the dangers of vaginal bleeding during pregnancy, its possible causes, and what patient should do if she has vaginal bleeding while pregnant. If a woman is identified in the prenatal visit to be a high-risk gravida, she should identify

possible blood donors and their contact numbers/addresses. This is to ensure that blood is readily available should the need for blood transfusion arises. For all sites where PMAC will be implemented, coordination with the voluntary blood donation program will be done.

Proper infection prevention measures shall be adhered to strictly by the service providers and instituted in the facilities where treatment of abortion patients takes place. This will preclude the occurrence of iatrogenic infections among abortion patients.

While treatment of abortion complications often is offered at secondary and tertiary care centers in urban areas, poor transportation system in many areas place centralized services out of reach of most poor, rural women. These gaps in services make even spontaneous abortion life-threatening in many instances. Increasing the availability of PMAC services throughout the health system requires decentralizing treatment services and improving the quality and range of care at every level. These steps shall be backed up by establishing standardized protocols for service delivery and comprehensive, systematic training.

Management for abortion complications shall include:

- An initial assessment to confirm the presence of complications
- Medical evaluation (brief history, limited physical and pelvic examinations)
- Talking with the patient regarding her medical condition and the treatment plan
- Prompt referral and transfer if the patient requires treatment beyond the capability of the facility where initial assessment/evaluation was conducted
- Stabilization of emergency conditions and treatment of any complications (both complications present before treatment and complications that occur during or after the treatment procedure)
- Conduct of appropriate procedures, specifically uterine evacuation to remove products of conception (POC)
- Health education

The efficient prevention and management of abortion complications is dependent on care being integrated throughout the health care system, from the first point of contact to the most sophisticated tertiary level hospital. Whether it is health information, medical assessment, stabilized care for the referral, uterine evacuation or specialized care for the most serious complications, at least some components of PMAC should be available at every service delivery site in the health care system (Table 1). Table 2 summarizes the key steps for the management of abortion and its complications.

The abortion patient's family and the community have an important role in providing support to the abortion patient. IEC shall be undertaken to make community members aware of the health risks and complications of abortion, and what to do to help women who have an abortion or abortion complications access the health services they need. They shall also be

made aware that patients who induced their abortion should be assisted in obtaining family planning counseling and services that allow them to avoid unintended pregnancy and consequently, abortion.

Table 1: Summarizes the recommended PMAC services appropriate at each level of health care facility.

Table 1: Provision of PMAC services by Level of Health Care Facility

Level of Health Care	Service Provider available	PMAC services available	Follow-up care
Community	<ul style="list-style-type: none"> • Barangay Health Workers • Traditional Birth Attendants 	<ul style="list-style-type: none"> • Recognition of signs and symptoms of abortion and abortion complications • Referral to facilities where treatment is available • Provision of IEC 	<ul style="list-style-type: none"> • Referral for counseling and possible use of FP methods
Primary		Above activities, plus:	<ul style="list-style-type: none"> • Counseling • provision of appropriate FP methods
• RHU	<ul style="list-style-type: none"> • Nurses 	<ul style="list-style-type: none"> • Through History and PE to establish the diagnosis 	
• BHS	<ul style="list-style-type: none"> • Trained midwives • General Practitioners 	<ul style="list-style-type: none"> • Institute appropriate management, including counseling 	
• Private Clinics		<ul style="list-style-type: none"> • Refer when necessary • Provisions of IEC 	
Primary Referral Level	<ul style="list-style-type: none"> • Nurses 	Above activities, plus:	<ul style="list-style-type: none"> • counseling
• District Hospital	<ul style="list-style-type: none"> • Trained midwives 	<ul style="list-style-type: none"> • Uterine evacuation as indicated for all incomplete abortions 	<ul style="list-style-type: none"> • Provision of appropriate Family Planning methods
• Municipal Hospital	<ul style="list-style-type: none"> • General Practitioners • OB-Gynecologist 	<ul style="list-style-type: none"> • Initial management of abortion patient before referral • Diagnosis and referral for severe complications (septicemia, peritonitis, renal failure) • Laparotomy & indicated surgery if 	