

IMAP Statement on Abortion Self-Care

Introduction

This statement has been prepared by the International Medical Advisory Panel (IMAP) and was approved in May 2021.

This statement supports IPPF's commitment to improving access to abortion care for all and to creating a supportive social, policy, and legal environment for abortion by offering guidance and information on **abortion self-care**. This is an evidence-based approach that enables women, girls, and all people who have the capacity to become pregnant¹ to realize their sexual and reproductive rights, prevent mortality and morbidity associated with unsafe abortion, and overcome coercive legal restrictions and inadequate health systems, while simultaneously challenging harmful social norms and patriarchal structures.

Guided by the existing evidence and practices, this statement provides practical recommendations for IPPF Member Associations and other sexual and reproductive health stakeholders on how to manage abortion

care, away from a medicalized and provider-led approach, within a people-centred model which empowers individuals and is supported by community collectives and social networks, however still backed-up by the healthcare system whenever needed or required. This statement also serves as an advocacy tool to create an enabling environment for abortion self-care.

Understanding abortion self-care

Broadly speaking, self-care encompasses “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”.¹ Self-care is not a new concept, nor does it apply exclusively to abortion. Health workers and health experts have been promoting and encouraging this approach for decades, and even more so as technology increasingly supports more straightforward access to information, enabling individuals to make informed decisions about their health and take control over implementing specific health tasks.

¹This document is inclusive of women and girls and all people who can become pregnant, including intersex people, transgender men and boys, and people with other gender identities that may have the reproductive capacity to become pregnant and have abortions. For the purposes of this document, references to “women and girls” refer to all people who have the capacity to become pregnant.

In the field of abortion, there is not a single way of defining self-care, yet, it is essential to acknowledge that many stakeholders associate the concept primarily to self-administration of medical abortion. With the increasing access to highly sensitive pregnancy tests and availability of simple, safe, highly-effective abortion pills (misoprostol alone or mifepristone and misoprostol combined), more and more women and girls have the option of safely and effectively ending a pregnancy with or without the involvement of a health provider.ⁱⁱ

IPPF understands abortion self-care as the right of women and girls to lead, in part or entirely, their abortion process, with or without support from health providers²

This usually includes the self-administration of medical abortion, but could also mean being in charge of other aspects of the abortion process, such as the post-abortion care or the decision of engaging (or not) other stakeholders throughout the process (i.e., abortion doulas;³ peers; pharmacists).

Abortion self-care is underpinned by the following principles:

- **Rights-based:** Bodily integrity and autonomy is a fundamental human right, central to sexual rights and gender and reproductive justice. People's right to make autonomous decisions about their own bodies and reproductive functions, is at the core of their fundamental rights to life, health, equality and

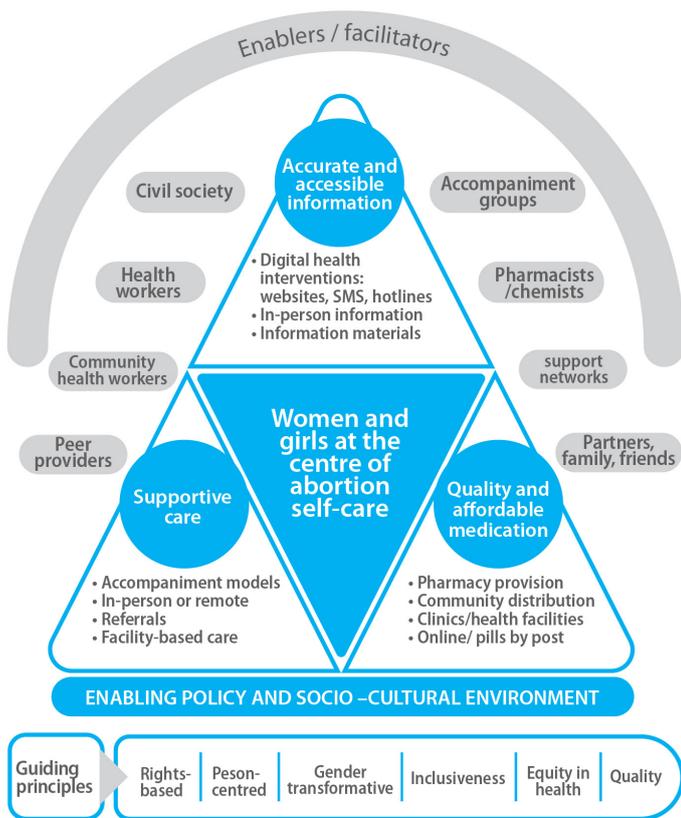
non-discrimination, information, and the right to enjoy the benefit of scientific progress.ⁱⁱⁱ

- **People-centred:** Providing options relevant to the individual's needs, preferences, and lived experiences supports people's self-efficacy to control their lives and decisions and tackle abortion stigma and the silencing that comes with it.
- **Gender transformative:** Every woman and girl has the right to abortion, in a manner that respects their rights, autonomy, dignity, and needs, taking their lived experiences and circumstances into account, placing the individual at the centre, enhancing their decision-making and control over their lives, and challenging gender norms, roles, and stereotypes that stigmatize women's reproductive autonomy.^{iv}
- **Inclusiveness:** All individuals who may need an abortion must have access to care that considers their unique needs, irrespective of visible or invisible differences.
- **Equity in health:** All efforts should be made to address avoidable and unjust differences in exposure to health risk factors, health outcomes and their social and economic consequences, healthcare access, and capacity to finance care.^v
- **Quality:** Care delivered should be in line with the available evidence and the needs, values, and preferences of the clients, free of stigma and with compassion and empathy.

Abortion self-care places women and girls firmly at the centre of the abortion process, as the key decision makers in control of their bodies. However, multiple stakeholders can also play a role in enabling and facilitating this approach, by acting on three components of support for abortion self-care: a. Delivery of accurate and accessible information; b. Access to quality and affordable medication; and c. Provision of supportive care:^{vi}

²Individuals who face spontaneous abortions, incomplete abortion, and intrauterine foetal demise may also decide to lead – when considered safe and based on the specificities of the case – parts of the abortion process.

³Individuals trained to provide emotional, physical, and informational support, free of stigma, during and after an abortion procedure.



- Women and girls have access to quality medical abortion pills, either misoprostol alone or a combipack of mifepristone and misoprostol.
- Women and girls have the conditions to implement the abortion with the desired level of privacy.

The World Health Organization recommends that up to 12 weeks gestation, individuals can self-administer mifepristone and misoprostol medication without the direct supervision of a health provider.^{viii}

Abortion self-care: safe, effective, wanted!

Emerging research suggests that abortion outside the medical setting is an overall safe, effective, and wanted way to end a pregnancy.

Safety

The safest environment for self-managed abortion is one where:

- Women and girls' health literacy is supported. That is, their capacity to obtain, process, and understand evidence-based health information, explore their options, ask critical questions about their choices, and actively participate in decisions and tasks concerning their care.
- Medical care is accessible when chosen and needed, with referral mechanisms in place for women to access in-clinic care, including in case of complications or for complementary services.^{vii}

An important condition for safety of self-induced abortion is the ability to self-determine gestational age. Evidence has shown that women, in different contexts, geographies, socio-economic, and educational levels, are reasonably good at estimating gestational age based on their last menstrual period (LMP), without the need for a physical examination or an ultrasound.^{ix} Some women in specific personal or medical conditions may have challenges estimating gestational age, in which case they may benefit from clinic or laboratory support.

Recommended resources: for more information on the evidence supporting self-administered medical abortion and protocols, see the following WHO guidelines:

- Health worker roles in providing safe abortion care and post-abortion contraception https://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/
- Medical Management of Abortion <https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/>

Effectiveness

The statement is aimed at service providers, advocates, programme staff, managers and volunteers in IPPF Member Associations and the secretariat, and other SRHR and women's organizations.

A recent systematic scoping review of peer reviewed research found that studies reporting on self-managed medication abortion reported high-levels of effectiveness.^x

The effectiveness of specific self-care abortion interventions has also been documented by recent studies:

- Most women and girls who self-manage their abortions facilitated through pharmacies report high effectiveness without surgical interventions and are willing to use this service again if need be. The challenge with this model is with regard to the quality of the information provided by pharmacists, especially related to timing and dosing of the medication (usually, misoprostol). Therefore, more work needs to be done in terms of equipping pharmacists and drug sellers with the correct information.^{xi xii}
- A study conducted in Uruguay showed that services provided under a model known as “the harm reduction model” – in which providers offer evidence and rights-based information and care before and after an abortion, to the extent allowed by the law, and women and girls self-manage the procedure itself, in other words, taking the abortion pills – contributed to a reduction in maternal mortality.^{xiii} A study conducted at the Buguruni Health Centre in Tanzania – which adapted the harm reduction model to the local context – showed that these type of services are feasible and acceptable, and could provide an opportunity to reduce unsafe abortion.^{xiv}
- Research also indicates that accompaniment groups – networks of activists/volunteers/peers which provide people with step-by-step

information on how to safely self-manage an abortion — are deeply appreciated by women who self-administer medical abortion and may provide the technical information and emotional support that can ensure safe, complete abortions with few or no complications.^{xv} Similarly, research has found that community-based distribution of misoprostol – which enables abortion self-care – can safely and effectively support abortion care.^{xvi}

- IPPF, as a global service provider and leading advocate of sexual and reproductive health care, pledges to uphold its commitment to providing gender-sensitive and rights-based comprehensive abortion care to all, and to working in partnership with others to ensure that the conditions and structures are in place to help women access safe abortion in the way that works best for their lives.

Abortion hotlines and websites have been shown to be highly effective in facilitating self-managed abortions, as most women do not present any complications nor require surgical intervention after taking the abortion pills. These information hubs have proved to have a positive impact on access to safe abortion for women, both in legal as well as in legally restricted contexts.^{xvii}

Often, a wanted alternative

Evidence suggests that in some settings as much as 70% or 80% of abortions are self-managed.^{xviii} In legally or socially restrictive settings, or for those living in humanitarian settings, abortion self-care may not always be the preferred option, but the only available option.

A robust body of qualitative studies show that abortion self-care is often a wanted alternative for some women; because it is affordable, it implies reduced transportation needs, ease of scheduling, earlier intervention in the pregnancy, privacy, reduced stigma, sense of control, comfort, and easier access for people with restricted mobility (e.g. from refugees to people with disabilities).^{xix xx xxi xxii}

What abortion self-care is not

- Abortion self-care is not an approach that removes the duty of care away from the formal health system. The formal health system must facilitate access to information, services, commodities, and referrals, as needed and wanted, within the national legal and policy framework.
- Abortion self-care is not an approach driven by the aim of reducing costs for the health system. While it is true that studies on self-care interventions highlight their potential to save resources both for users and the healthcare system,^{xxiii} abortion self-care should be strongly guided by a people-centred approach and existing evidence on its safety and effectiveness.
- Abortion self-care is not an approach that undermines or eliminates advocacy efforts to expand legal access to abortion. The decriminalization of abortion is still essential to ensure that all individuals can realize the right to a safe and dignified abortion, on their own terms and informed by the values and needs most important to them, and to guarantee that health workers can perform their duty of care without fear of prosecution.
- Abortion self-care is not an approach limited to legally restricted settings or humanitarian settings. However, in such settings, it can play a significant role in increasing access, reducing mortality and morbidity associated to unsafe procedures, and transforming negative abortion narratives and stigma. Even in contexts with legal, quality, and comprehensive services widely available, some women and girls may prefer or need abortion

self-care. A concrete example is in the context of the COVID-19 pandemic, as women and girls have seen their mobility restricted, affecting their capacity to access facility-based abortion care.

Recommendations for Member Associations and other organizations on how to support abortion self-care

1. Transform policy and legislation to create an enabling environment for abortion self-care as part of a supportive health system for abortion care.

- Advocate with governments to remove abortion from the penal code and end criminal penalties for women who self-manage their abortion process.
- Advocate to ensure that national regulations and guidelines explicitly integrate self-managed abortion as a legitimate and permissible pathway to abortion care.
- Work with governments to ensure the availability and accessibility of quality medical abortion products with the inclusion of mifepristone and misoprostol in policy and service guidance documents, lists of essential medicines, and procurement catalogues.
- Advocate for medical abortion products to be free or subsidized for poor and marginalized populations.
- Advocate for the withdrawal of unnecessary regulations on the provision of medical abortion products, and advocate for over-the-counter sale of medical abortion drugs.
- Work with governments to expand access to generic formulations of medical abortion products and promote public-sector availability and competitive pricing in the private marketplace, including innovations in retail-market options, such as bundling pregnancy tests and medical abortion products.^{xxii}
- Advocate for eradicating censorship of online evidence-based abortion information to improve individuals' ability to make safe choices in any place and any context.

- Advocate for the implementation of service delivery strategies that eliminate access barriers for women and girls who decide to involve health providers in the abortion process. Self-care can be complemented with, for example, task sharing to mid-level health workers or with telemedicine guided clinical or emotional support, supervision, or counselling.

2. Improve knowledge and attitudes around abortion self-care and catalyse sociocultural change by creating positive narratives and social movements to remove stigma.

- Develop public campaigns to increase health literacy regarding abortion care and to inform individuals about their right to manage their care, based on the available evidence and within the restrictions of their legal context. Information should be made available in local languages and in a format that supports the needs/information-seeking practices of overlooked populations, such as women with disabilities, refugees, indigenous women, and sex workers, among others.
- Develop positive messaging and narratives on abortion self-care, including response to concerns or opposition to abortion self-care from a range of actors. This could include developing factsheets to address common myths and misconceptions, and using evidence and rights-based arguments to counter opposition.
- Include content on agency, abortion self-care, abortion stigma as part of evidence-based comprehensive sexuality education programmes and outreach to young people.
- Implement participatory processes to gather the stories of individuals who have experienced abortion self-care, as well as of those who have played a role in enabling and facilitating abortion self-care. Disseminate these stories in relevant spaces.
- Engage partner organizations, including feminist groups, professional bodies of health providers, and nursing and medical institutions, to create a diverse network of champions for abortion self-care.

- Generate safe spaces for dialogue between health workers and groups leading the conversation on and implementation of abortion self-care, to discuss challenges and opportunities for collaboration.
- Engage students of health-related professions in dialogues around self-care. This contributes to long-term change, gradual transformation of the provider-client relationship, and de-medicalization of issues that, while health-related, have the potential to be managed outside the health system.
- Educate the medical community about the safety and effectiveness of abortion self-care, in order to reduce unnecessary clinical concern, overmedicalization and overtreatment of clients, and stigmatization or criminalization of women seeking abortion care.
- Support community engagement initiatives that could help to build trust in the systems/structures that enable and facilitate abortion self-care, i.e. work with community leaders and local media to ensure they are supportive of locally-led accompaniment groups.
- Participate in forums that aim to catalyse sustainable social change for women and normalize and facilitate abortion self-care.

3. Implement person-centred, on-demand models of care that support and enable an individual throughout an abortion self-care experience.

- Through collaboration with legal experts, assess your legal framework to understand how the regulatory framework supports or restricts abortion self-care initiatives. Any restrictions should be understood in order to create risk mitigation strategies while, at the same time, supporting women and girls in their abortion process.
- Map existing interventions that enable or limit abortion self-care in your geographical areas of operation. Avoid duplication of efforts by partnering with other like-minded stakeholders.
- Review your organization's existing strengths, initiatives, and models of care

and consider how they can be adapted to integrate components of support for abortion self-care. For example, a strong network of community health workers could be leveraged to create an accompaniment network for abortion self-care. An existing hotline model or telemedicine service could be adapted to include a dedicated team providing information and support for women undertaking abortion self-care.

- Based on the outcomes of mapping and assessment work, develop interventions to provide on-demand support for individuals who choose abortion self-care through innovative approaches, considering the three main components of support for self-care:
 - **Delivery of accurate and accessible information** on abortion and, particularly, on medical abortion (dosage, regimen, contraindications, side effects, and signs of complications). Strategies may include hotlines, peer provision, websites, or referral to other reliable sources of information and support.
 - **Access to quality medical abortion pills.** Strategies may include digital prescriptions, partnership with pharmacists, and sending pills by post or dispensed by community health workers.
 - **Providing supportive care during the self-care process.** Strategies may include adaptation of clinical protocols to ensure readiness to meet the needs of a woman at any point in her abortion process; provision of on-demand abortion counselling when requested; and setting up referral networks in case of doubts or for treatment of complications, post-abortion care, or other relevant services, as needed.
- Strengthen the capacity of your organization to undertake abortion self-care programming. For example, update institutional policies and guidelines on abortion to include self-care, conduct values clarification exercises for staff and volunteers at all levels to build support and commitment for abortion self-care, and provide training for health providers on how

to provide person-centred care for a woman self-managing an abortion.

Special consideration should be made when supporting abortion self-care to vulnerable groups, including very young adolescents; women with disabilities; sex workers; women subject to gender-based violence; transgender or trans men; and women subject to human trafficking.

- Clinical, psychosocial, and protection services must be available for vulnerable groups to address other sexual and reproductive health needs before, during, or after their abortion.
- Collect data on the safety, effectiveness, and acceptability of self-care interventions to improve programming and support advocacy efforts. This can include operational research on how to improve women's experience of self-managed abortion, how to overcome barriers and challenges to facilitating abortion self-care, and the contribution of abortion self-care to reducing abortion stigma, increasing self-efficacy, and catalysing sociocultural change.

4. Recommendations on abortion self-care during the COVID-19 pandemic and humanitarian crises.

- Ensure that supply chains that support the distribution of abortion pills remain operational.
- Build alliances with humanitarian actors for the delivery of medical abortion supplies and contraceptives, as well as accurate and comprehensive information on the use of abortion pills.
- Accelerate the development of digital initiatives focused on providing evidence-based information on abortion and abortion-related services, to ensure women's

reproductive choices are not undermined as a result of circumstances that limit their mobility

Recommended resources

- Her in charge - Medical abortion and women's lives - A call for action <https://www.ippf.org/resource/her-charge-medical-abortion-and-womens-lives-call-action>
- IPPF's Medical Abortion Commodities Database <http://medab.org/>
- Self-care interventions communications toolkit https://www.who.int/reproductivehealth/self-care-interventions/WHO-Self-Care-SRHR-Comms_Kit.pdf
- WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights <https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>
- Evidence-based information websites: www.womenonweb.org, www.womenhelp.org, www.safe2choose.org.

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals

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