Chapter 15

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How to use this chapter:

This chapter explains ways to safely end a pregnancy, what to expect during and after an abortion, complications that may develop, and the importance of preventing unsafe abortions. Abortion today is so safe that its biggest health hazard is when it is illegal, not widely accessible, and stigmatized. Information about abortion is useful for everyone who can become pregnant no matter what their gender identity is, and we include all of these people when we write about abortion.
When someone does something to end a pregnancy, this is called an “abortion.” We use the word abortion in this book only to describe an action that is planned. The unplanned loss of a pregnancy we call a “miscarriage.”

Deciding to have an abortion can be hard. Some religions teach that abortion is wrong and in many countries abortion is not legal or safe. But there are many reasons people need or want abortions. For example:

- Their birth control failed.
- They already have all the children they can care for.
- Pregnancy is a danger to their health or life.
- They have no partner to help support the child.
- They want to finish school.
- They do not want to have children now or perhaps ever.
- They got pregnant after being forced to have sex.
- The child will be born dead or with medical conditions that cause death or severe disability soon after birth.

➤ Access to reproductive health services and information can help reduce the number of abortions.
Unintended pregnancy is more likely when...

I didn’t think you could get pregnant the first time.

... people do not know how pregnancy happens.

You cannot use family planning until you are 18 years old and married.

... health workers think some people are too young to get family planning.

No!

... people are forced to have sex.

... family planning is not available, is not used correctly, or fails.

**Emergency Contraception Methods**

If you had unprotected sex within the past 5 days, you can avoid pregnancy by acting quickly (see page 223).
A safe abortion is less likely to cause harm than having a baby.

**Abortion is very safe when it is done:**
- by a trained health worker, with MVA or D&E, or with support from an experienced *accompainier*, with medical abortion (pills).
- with the proper medicines or instruments.
- under clean conditions, so that anything that goes into the *vagina* and *womb* must be sterile (without any germs).
- up to 5 months (24 weeks) after the last period.

**Abortion is unsafe when it is done:**
- by someone who lacks the training necessary for MVA or D&E, or the information and experience needed to support medical abortion.
- with the wrong instruments or medicines.
- under unclean conditions.
- after 5 months (24 weeks) of pregnancy, unless it is done in a health center or hospital that has special equipment.

**Death from unsafe abortion**

People will always find ways to end pregnancies when they are desperate. But unsafe abortions can cause death or serious problems including infection, lasting pain, and *infertility*. Do not use the following methods. They are too dangerous.

- **Do not** put sharp objects like sticks, wire, or plastic tubing into the vagina and womb. These can tear the womb and cause dangerous bleeding and infection.
- **Do not** put herbs or plants in the vagina or womb. These can burn or irritate badly, causing injury, infection, and bleeding.
- **Do not** put substances such as bleach, lye, ashes, soap, or kerosene in the vagina or womb. Also, do not drink them.
- **Do not** take medicines or traditional remedies in large amounts to cause abortion (either by mouth or in the vagina). For example, taking too much of the medicines for *malaria* (chloroquine) or to stop bleeding after childbirth (ergometrine, oxytocin) can kill you before they cause abortion.
- **Do not** hit your abdomen or throw yourself down stairs. This can cause injury and bleeding inside your body, but may not cause abortion.

**Important** Never put anything inside your own womb or allow an untrained person to do so. This is likely to kill you.
Access to Safe Abortion

Anyone who is facing an unwanted pregnancy should be able to get a safe and legal abortion. But laws about abortion differ from one country to another.

Legal abortion. Where abortion is legal, a person can often walk into a health center or hospital, pay an affordable amount, and have a safe abortion. In countries where this happens, almost no one gets sick or dies from complications of abortion.

Legal abortion in some cases. In some countries an abortion is only legal for certain reasons, such as:

- when a pregnancy is caused by rape or incest (sex with a close family member).
- when a doctor says pregnancy will harm the person’s health.

But abortion is often difficult to get, even for those reasons. Doctors and health workers may not be sure what the law really says. They may be unwilling to do abortions openly, or they may charge a lot of money. People may not know if abortion is legal or available in their country.

Illegal abortion. Where abortion is not legal, both those who get abortions and those who perform them can face penalties of different kinds, from fines to imprisonment, depending on the country. But whatever the legal penalties, where abortion is against the law, more people die from unsafe abortion and dangerous pregnancies. Money that could be spent on reproductive health services is spent instead on treating complications of unsafe abortion.

Never assume abortion is illegal. Try to find out about the laws in your own country. It may be easier to work around the laws than to try and change them. Even if abortion is illegal, there may be people providing safe abortions. Finding a safe abortion may mean the difference between staying alive and dying.

Other barriers to finding a safe abortion

Legal or not, it can be hard to get a safe abortion because it is too costly, too far away, or because there are confusing rules or papers to fill out.

These reasons often make it especially difficult for those who are poor, or who are not familiar with the medical system, to get a safe abortion. Unfortunately, in many places, the only people who can easily get a safe abortion are those who can afford to pay a private doctor.
Your decision to have an abortion will often depend on whether safe abortion is available where you live. It also depends on how an abortion or a baby would affect your life.

It may help to think about these questions:

• Will you be able to care for a baby? Do you have enough money to raise a child?
• Is pregnancy a danger to your health?
• Who will help you support a child? Can you talk with them about this decision?
• Is your religion or family against abortion? If yes, how will you feel if you have one?
• How will the abortion be done? (See page 248.)
• For how long have you been pregnant?
• Could you have a sexually transmitted infection (STI) or HIV? You may need treatment before the abortion. You may be at more risk of having an STI if you are young, single, and have a new partner, or if you have signs of an STI. If you feel that you are at risk, see page 263 in the STIs chapter.
• What complications (problems) can be caused by the abortion? (See pages 251 to 258.)
• Where can you go for emergency care if you have complications? How will you get there?

The information on the next 4 pages may help you decide whether safe methods of abortion are available in your community.

If you are helping someone decide about an abortion:

Give them respectful advice and friendly support. Do not tell anyone else about their decision unless they want others to know.
A pregnancy can be safely removed from the womb by a trained health worker (or, when using medicines, safely on your own) in these ways:

**Abortion by medicine (medical abortion)**

Two medicines, misoprostol and mifepristone, or misoprostol by itself, are used by doctors, health workers, and others to safely help someone end a pregnancy. This is called **medical abortion**. These medicines make the womb contract and push out the pregnancy. Mifepristone is swallowed and misoprostol is dissolved in the mouth or the vagina. Medical abortion is very effective and safe. Since nothing is put inside the womb, there is very little danger of infection. Medical abortion is safe to do at home up to 13 weeks. After that, it is safe through 24 weeks in a health center or accompanied by an experienced abortion support worker.

**Abortion by suction (vacuum aspiration, MVA)**

The pregnancy is removed by suction using a special tube (cannula) that goes into the womb through the vagina and cervix. Sometimes a numbing medicine to prevent pain is injected into the cervix. When suction is done by hand (manual vacuum aspiration or MVA), the pregnancy is removed using a special syringe called a vacuum aspirator. Otherwise, a small electric machine is used.

MVA is simple and safe, and takes only about 5 to 10 minutes. Usually done in a health center or doctor’s office, a vacuum abortion is safe to do during the first 16 weeks of pregnancy. After 16 weeks, only use MVA if someone is in serious danger and you have no other way to help. MVA causes fewer complications than dilation and evacuation (described below).

In some places, MVA is used to bring on a late period. A person may not know if they are pregnant or not—just that their period is due. This is called menstrual regulation. MVA can also treat bleeding from an incomplete abortion or a miscarriage. (For more about MVA see Hesperian’s *A Book for Midwives*.)

**Dilation and evacuation (D&E)**

This method uses medicines to soften and open (dilate) the cervix. Then a suction tube and instruments remove the pregnancy from the womb. D&E should be done only by trained health workers in a medical facility with sterile conditions and equipment.

A D&E takes about 15 to 20 minutes. It is more painful and costs more than vacuum abortions, and is usually done in an operating room with the person often given anesthesia (sleeping medicine).
Safe Methods of Abortion

**Before using medicines for abortion**

- Know the name and correct dose of the medicine or medicines you are using. Never use a medicine you are unsure of. If it is safe, discuss how to use medicines for abortion with a health worker you trust before taking them.

- Using medicines for abortion is safe and effective up to 25 weeks (175 days) of pregnancy. Start counting after the first day of your last period. You can use medical abortion after 13 weeks, but doses are smaller and more frequent, and you will have more bleeding, cramping, and nausea. It is safest to do this in a health center or with an experienced accompanier.

**Medicines used for abortion**

**Mifepristone** is available in some countries where abortion is legal. But in many countries it is not available.

**Misoprostol** is available in many countries. It can be used alone to cause abortion, although it is more effective and the abortion happens more quickly when used with mifepristone (see page 508).

**The signs of pregnancy** (see page 67) usually disappear after 48 hours. If you continue to feel pregnant, go to a clinic or hospital to be checked.

**Danger signs after medical abortion**

Go to a health center or hospital right away if you:

- soak more than 2 maxi pads in 1 hour for 2 hours in a row
- pass blood clots larger than an orange
- feel faint and dizzy along with the heavy bleeding
- have severe belly pain that gets worse even with pain medicine
- have bad-smelling vaginal discharge
- have fever over 38.5°C (or 101°F) that begins a day after the last misoprostol dose and lasts for 4 hours or more.

**Important** Bleeding and cramping from a medical abortion are very similar to a miscarriage and doctors and health workers cannot tell the difference.

**What happens when you take the pills**

**Mifepristone and misoprostol**: You take mifepristone 24 to 48 hours before using misoprostol. After using misoprostol, the pregnancy is usually expelled in 4 to 6 hours, although it can take longer. Cramping may be very strong and painful. Light bleeding or spotting may last until your next period.

**Misoprostol alone**: usually causes the pregnancy to be expelled 7 to 8 hours after the first misoprostol dose.

**If you have no access to safe abortion, contact Women on Web, www.womenonweb.org. They may be able to help.**

**For complete instructions on how to take medicines for abortion, see page 508.**

**Also see “Complications of Abortion,” page 251.**
SOINS THAT AN ABORTION IS MORE LIKELY TO BE SAFE

It is not always easy to tell if an abortion will be safe. By getting answers to some of these questions, you can better determine if yours will be safe.

- Has anyone gotten sick or died from having an abortion here? If so, go somewhere else.
- Who will do the abortion and how were they trained? Doctors, nurses, health workers, and traditional birth attendants can all do abortions. However, abortions done by someone who is not trained in safe abortion methods and how to prevent infection can be very dangerous.
- Is the place for the abortion clean and neat? If it is dirty and messy, probably the abortion will be also.
- Is there a place for washing hands? A health worker who has no place to wash their hands cannot do a clean, safe abortion.

This room looks safe.
Remember, the earlier in the pregnancy you get an abortion, the safer it will be. Do not delay.

Abortions have more complications (problems that may be serious and need more skilled health care) when:

- your last menstrual period was more than 3 months ago.
- your pregnancy is starting to show.

- Do the instruments look like these?

or do they look like something found or made at home?
Instruments made at home can cause injury and infection.

- How are the instruments cleaned and made free of germs? Instruments should be soaked in strong disinfectant, boiled in water; baked, or pressure steamed to kill germs that cause infection.

- Does the cost seem fair? If the cost is very high, sometimes it means the health worker cares only about money, not your health.

- Are other health-care services also provided along with abortions? A good health center will also try to provide other needed health services, like family planning, pregnancy testing, treatment for STIs, and HIV prevention.

- Where will you be taken if something goes wrong during or after the abortion? There should always be a plan to get you to a hospital in case of emergency.
What to Expect during a Safe Abortion

Safe abortions, especially abortions by suction (MVA), are done in both health centers and hospitals. Dilation and evacuation (D&E) is usually done in a hospital. An abortion by medicine can be done at home before 13 weeks, and through 24 weeks at a health center or with an experienced accompanier. For more information about how these abortions are done, see page 244.

When you go to a health center or hospital for an abortion, you should be welcomed and treated with respect. A counselor should talk with you about your decision and explain how the abortion will be done and what the risks are.

- You should be asked when your last period was and whether you might have an STI (see page 263).
- A health worker should do a medical exam. This includes feeling carefully in your vagina and on your belly for the size of your womb.
- To prevent infection, you should be given a single dose of antibiotic (200 mg of doxycycline, 500 mg of metronidazole, or 500 mg of azithromycin) 1 hour before a suction or D&E abortion.
- During both abortion by suction and by D&E, you will feel strong pains in the lower belly. But soon after the abortion is over, the pains will lessen.
- A health worker should monitor your health for about an hour after the abortion.
- Someone should tell you what to do after the abortion, the danger signs to watch for, and who to contact if you have any health problems.

An abortion that is very different from this could be dangerous to your health.

➤ Drink plenty of liquids the day before you have an abortion. This will help you recover more quickly.

➤ Someone should discuss family planning methods with you. You can start using some methods the day of the abortion.
After an abortion by suction or D&E, signs of pregnancy, like nausea and sore breasts, should disappear within a day. If it was a medical abortion, breasts may stay sore for a week or two. If signs continue, you could still be pregnant, either in your womb or in one of your tubes (ectopic pregnancy, see page 73). This is an emergency. See a health worker right away.

You may feel a little tired and have some cramps or pains for a day after the abortion. You may have bleeding like a light menstrual period for as long as 2 weeks and spotting until your menstrual period returns. Your next normal period should start 4 to 6 weeks after the abortion. It might take longer if you were more than 5 to 6 months pregnant.

People who have an abortion can have many kinds of feelings about it. Especially if you did not talk with anyone before the abortion, it may help to talk to someone now. See page 258.

**How to care for yourself after an abortion:**

- To avoid infection, do not have sex or put anything in your vagina (including tampons or menstrual cups), for at least 5 days after the abortion and 2 days after heavier bleeding stops. Avoid swimming and sitting in water to bathe during this time.
- If you have cramps or pains, rest and use a hot water bottle on your belly. Take ibuprofen or another pain medicine (see page 482).
- To lessen pain and bleeding, rub or massage your lower belly often. This helps the womb squeeze down to normal size and lessen bleeding.
- Drink lots of liquids to help you recover faster.
- You can go back to your usual activities as soon as you feel well, usually within a day.

**Danger signs**

If you have any of these signs, get medical help fast:

- Heavy bleeding from the vagina (see page 251)
- High fever (see “Infection,” page 255)
- Severe pain in the belly (see “Internal Injury,” page 257, and “Infection,” page 255)
- Fainting and confusion (see “Shock,” page 254)
- Bad-smelling discharge from the vagina (see “Infection,” page 255)
Family Planning after an Abortion

After an abortion it is possible to get pregnant again right away, so talk with someone about family planning and start using one of these methods as soon as possible. If you wait 7 days or more before starting hormonal birth control, use a condom for the first 10 days of your new method because hormonal methods of family planning take time to start working.

- **Pills, Patch, and Vaginal ring:** You can start using any of these methods on the same day as the abortion.
- **Intrauterine Device (IUD):** If there is no risk of infection, a trained health worker can put in an IUD right after the abortion.
- **Injections:** The first injection can be given on the day of the abortion.
- **Implants:** Implants can be put in just before or just after the abortion.
- **Tubal ligation:** This operation cuts and ties the tubes that carry eggs to the womb. It can be done immediately after an abortion. This is permanent and is not for people who might still want to become pregnant.
- **Vasectomy:** This operation cuts the tubes that carry sperm from the testicles to the penis. It can be done at any time. This is permanent and is not for people who might still want to have children conceived with their own sperm.
- **Condoms:** You can use condoms as soon as you have sex again. Condoms also protect against STIs, including HIV.
- **Behavioral methods (mucus and counting days):** These methods do not work until your normal menstrual cycle returns.

➤ For more information on all these methods, see Chapter 13, “Family Planning.”
A person with any of the danger signs after abortion (see page 249) needs medical help fast! They should go immediately to a health center or hospital to get care. Most of the time the womb must be emptied completely using vacuum aspiration (MVA) or a D&E. In the meantime, the information on the next 8 pages may help if transport is not available immediately or if medical care is very far away.

**Heavy bleeding from the vagina**

Heavy bleeding is the most common problem after an abortion. It is usually caused by pieces of the pregnancy that are left in the womb. The womb cannot squeeze itself shut and keeps bleeding. This is called an incomplete abortion. If the pieces are removed, often the bleeding will stop. Sometimes the bleeding is caused by a torn cervix which must be stitched for the bleeding to stop.

Someone is bleeding too much if they:

- soak more than 2 maxi pads or cloths in an hour for 2 hours in a row.
- have bleeding with dizziness.
- pass clots larger than an orange.

When this happens, the person may quickly lose a dangerous amount of blood. If it is not possible to get medical help immediately, try to stop the bleeding.

**To stop the bleeding**

A person who is bleeding too much may be able to use strong massage to help squeeze their womb shut. They can do this for themselves or someone else can do it. Rub or squeeze the lower belly very hard, like you are trying to make the womb smaller, while lying down or squatting.

Even if massage seems to work, get medical help as soon as possible. The person will need antibiotics and may still need to have their womb emptied completely.

Fast treatment of abortion complications prevents illness, infertility, and death. Seek help quickly if you have problems after an abortion.

**DO NOT WAIT!**
**EMERGENCY HELP FOR TOO MUCH BLEEDING**

If heavy bleeding is caused by pieces of pregnancy inside the womb, health workers and others trained in giving pelvic exams may be able to follow these steps to try and stop the bleeding until the womb can be emptied.

**IMPORTANT** Because the entrance to the womb is open, putting anything inside the vagina is very dangerous. It can cause a serious infection. Only do this if the bleeding is so heavy the person’s life is in danger.

1. Wash your hands and the person’s genitals with soap and clean water.

2. Put a clean latex or plastic glove or a very clean plastic bag on one hand. The gloved hand should not touch anything before it goes into the vagina.

3. Have the person lie on their back with feet and knees apart. Help them relax.

4. If you have a sterile speculum (you can get the right instruments from an IUD kit if you have one), put it into the vagina so you can see the opening of the womb. If you can see tissue or clots or lumps of blood there, try to get hold of them with sterile forceps or clamps and gently remove them.

5. If you do not have a speculum, reach inside the vagina with your gloved hand, first with 1 finger, and then with 2 fingers.

6. Feel for the cervix. It will feel more firm and smooth than the skin around it. It looks like this and is about the size of 2 fingertips.

Use sterile forceps to remove any tissue you see at the opening of the womb.
7. Move your finger across the opening and feel for bits of the abortion that may be sticking out of the opening. They will feel like soft meat. Gently try to remove them. If the pieces are too slippery, take your hand out and wrap 2 fingers with sterile gauze, or a clean cloth that has been boiled in water, and try again to remove them.

8. After you have removed the pieces, put your gloved hand into the vagina with 2 fingers under the womb. With your other hand, rub or massage the belly to help stop the bleeding. The womb should be between your 2 hands.

9. Have the person dissolve 800 micrograms misoprostol under their tongue for 30 minutes, then swallow what is left. If the person cannot swallow, insert the pills in their rectum. Wear a glove while inserting the pills.

10. Give antibiotics immediately to prevent infection (see page 256). There is a high risk of infection because the womb is open to germs.

11. If the person is awake, give them fluids to drink. If the person is unconscious, see the next page.

12. Take the person to a hospital right away, even if you think you have removed the tissue and the bleeding has stopped. The womb still needs to be emptied completely. If the bleeding does not stop, continue to rub or massage the lower belly on the way to the hospital.

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When there is no health worker to help

If you are bleeding too much after an abortion, and you have tried the steps on page 251, you can also try to remove tissue stuck in your cervix by yourself.

First wash your hands and genitals well with soap and clean water. Then squat and bear down, as in childbirth or passing stool, and follow the instructions above in steps 6 and 7. After you have removed any pieces, strongly massage your lower belly (see page 251). You should still get medical help, even if the bleeding becomes less.

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Shock

Shock is a life-threatening condition that can result from heavy bleeding. Bleeding inside the body can also cause shock.

Signs:
- very fast heart rate, more than 100 beats a minute for an adult
- pale, cold, damp skin
- pale inner eyelids, mouth, and palms
- fast breathing, more than 30 breaths a minute
- confusion or unconsciousness (fainting)

Treatment if the person is conscious:
- Lay the person down with their feet higher than their head.
- Keep them warm with a blanket or clothes.
- If they can drink, give them sips of water or rehydration drink.
- Help them stay calm.
- If you know how, start a fast intravenous drip (IV) with a wide needle, or start rectal fluids.

Treatment if the person is unconscious:
- Lay them on their side, head low and tilted back to the side.
- If they are choking, pull their tongue forward with your finger.
- If they vomit, clean out their mouth immediately.
  Keep the head low and tilted back to one side so no vomit is breathed into the lungs.
- Do not give anything by mouth until they have been awake for one hour.
- If you know how, start a fast IV drip with a wide needle. If you do not, start rectal fluids (see page 541).

Do not wait for a health worker. Take the person to medical help or to a hospital right away. They need medical help fast!
Infection

Infection after a safe abortion is rare but very serious. It can injure the womb and can spread into the blood (sepsis). Sepsis is very dangerous and can quickly cause shock or death.

Most infections after abortion happen because:

• an unsterile tool was used in the abortion.
• pieces of the pregnancy remain inside the womb.
• the womb was injured during the abortion.

It is also possible the person already had an infection and it got worse after the abortion.

Signs of infection after abortion

• Fever above 38°C (100.4°F)
  Note: Taking misoprostol can cause fever, so after an abortion with pills, fever is a danger sign only after 24 hours have passed since taking the medicine.
• Chills and shivering
• Fast heartbeat, over 100 beats a minute
• Swollen, hard, or painful belly
• Bad-smelling, green, or yellow fluid coming from the vagina

To help someone with an infection

• If there is still tissue in the womb, the infection will not get better until it is removed. See pages 252 to 253.
• Give antibiotics (see the next page).
• Give fluids and nutritious foods to help the body fight infection. If the person can drink, give rehydration drink. If they cannot drink, give rectal fluids (see pages 540 and 541).
• See page 257 for how to prevent tetanus infection.
**Treatment for infection after abortion:**

- Get medical help right away. Give medicines on the way (see below). More than one medicine is used because infections after abortion can be caused by several different germs.

- If these medicines are not available, see the "Medicines Pages" for others that will work. For someone who is breastfeeding, use the first treatment for womb infection (see page 97).

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**Medicines for infection after abortion**

Give one of these combinations of 3 medicines (give all 3 medicines):

- **ceftriaxone** ........... 250 mg injection into muscle (IM) .................... 1 time only
- **and doxycycline** ........... 100 mg by mouth .................................. 2 times a day
  
  *(avoid using doxycycline if you are breastfeeding)*
- **and metronidazole** ........... 500 mg by mouth or by IV .................... 3 times a day

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**OR**

- **ampicillin** ............. 2 g (2000 mg) IV or IM the first time only,
  
  then 1 g (1000 mg) IV or IM each other time ... 4 times a day
- **and gentamicin** ........... 80 mg IV or IM .................................. 3 times a day
- **and metronidazole** ........... 500 mg by mouth or IV .................... 3 times a day

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**OR**

- **clindamycin** ........... 900 mg IV ........................................... 3 times a day
- **and gentamicin** ........... 80 mg IV or IM .................................. 3 times a day

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**IMPORTANT** If there is no improvement within 24 hours of starting the first medicines, go to a hospital right away.

Stop giving medicines by injection or IV when the signs of infection have been gone for 48 hours. Then start giving medicines by mouth with plenty of water.

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**When signs have been gone for 48 hours**

Give 2 medicines:

- **doxycycline** ........... 100 mg by mouth ................................. 2 times a day for 10 days
  
  *(avoid taking doxycycline if you are breastfeeding)*
- **and metronidazole** ........... 500 mg by mouth .................... 3 times a day for 10 days
**Prevent Tetanus**

Anyone with an infection or bleeding from an injury after abortion can get tetanus, a very dangerous infection, especially if anything unsterilized was put into the womb. If the person has not had a tetanus shot in the last 10 years, they need a tetanus vaccination as quickly as possible. If they are not sure, vaccinate again (see page 515).

**Injury Inside the Body (Internal Injury)**

An internal injury from an abortion is most often caused by a sharp object that makes a hole in the womb. The object may also cause damage to other internal organs, such as the tubes, ovaries, intestines, and bladder.

Someone with an internal injury may have severe bleeding inside their body but almost no bleeding from their vagina.

**Signs (some or all of these):**

- the belly feels stiff and hard with no sounds or gurgles inside
- very bad belly pain or cramps
- fever
- nausea and vomiting
- pain in one or both shoulders

**Treatment:**

- Immediately take the person to a hospital or clinic for surgery. An injury inside the body must be repaired right away by a surgeon or it can lead to infection, shock, and death.
- Do not give anything by mouth—no food, no drink, not even water—unless it will take more than 12 hours to get to a health center. Then give water only in small sips. Or have the person suck on a piece of cloth soaked in water.
- If there are signs of shock, give treatment (see page 254). Make sure nothing blocks the mouth and that the person is breathing.
- Give the medicines for infection (see page 256). If possible, give a tetanus toxoid vaccination (see page 515).
Fainting or Loss of Consciousness

Fainting can be a sign of shock after abortion, either from heavy bleeding, severe injury to the internal organs, or infection. For signs and treatment of shock, see page 254. If the person faints but wakes up very soon afterward and has no signs of shock, give plenty of liquids to drink and watch them carefully.

Emotional Support After a Pregnancy Ends

Some people have strong feelings after an abortion, even when they are sure they made the right decision for themselves and their family. While most people feel relief that the pregnancy ended, some have a mixture of feelings, such as both relief and sadness, or regret, anxiety, guilt, numbness, or even love. It is also common for some people to feel sad and grieve. These feelings are normal, but having to hide them or feel them without any support can make them worse.

Having health problems can also make this time difficult, especially if the problems resulted from not getting good care. An abortion provider who did not do a safe abortion also may have been disrespectful or unkind. The abortion may have been very painful or frightening. When abortion is illegal, people may be afraid of being punished.

Many people find it helpful to talk with a close friend or others who have had a similar experience (see pages 423 to 425). Creating rituals to reflect on what happened may help people let go of the experience and move on with life. For example, burying or burning an object related to the abortion can symbolize closure. In some communities, a person may plant a tree or visit a sacred place and make offerings.
Prevent illness and death from abortion in your community.

- Educate everyone in the community about how family planning can reduce the number of unplanned pregnancies. Get training to provide family planning services to anyone in your community who can become pregnant or cause pregnancy.
- Educate people about the dangers of unsafe abortion.
- Help the people in your community who do abortions get training to do them safely.
- Learn and teach others how to use pills to safely end pregnancies.
- Learn about the complications of abortion and what to do. Find out where to safely take someone for emergency treatment after an abortion.
- Find out who could transport people who need emergency care. If there is no emergency medical transport, is there someone in the community with a car or truck? Store extra containers of fuel (gas or petrol) for emergencies.
- Keep medicines to treat emergency abortion problems (see page 484) in a local pharmacy or clinic.

If you are a health worker, here are some more suggestions:

- Keep pregnancy test strips and medicines needed for medical abortions on hand.
- Get trained in how to do MVA to help those who need abortions or care after an unsafe abortion. Perhaps health workers at your local hospital can get trained. Only do MVA if you have been trained and have the instruments to do it safely.
- Organize health workers in your community to talk with health authorities about the risks of unsafe abortion. Even where abortion is not legal, treatment for abortion complications should be available to save lives.

We organized for emergency care after abortion

In community meetings to build support for post-abortion care, we discussed the dangers of unsafe abortions and how this care is not the same as an abortion. It took many meetings and discussions to gain the trust of local religious leaders. We began by discussing the benefits of family planning for married couples and then contraceptive use outside of marriage. This opened the door to discussing unintended pregnancy and the need for emergency care.