Global Doctors FOR CHOICE

Overview of Updated WHO Abortion Care Guidelines

The World Health Organization (WHO) published updated abortion care guidelines in March 2022. They relied on the latest evidence and data to address the clinical, service delivery, legal, and human rights aspects of abortion care. We have summarized key parts of the guidelines in order to provide a brief overview of the key themes and changes in this update of the WHO abortion care guidelines.

Updates and New Recommendations:

- This set of guidelines updates, synthesizes, and replaces the following documents:
  - *Safe abortion: technical and policy guidance for health systems* (2012)
  - *Health worker roles in providing safe abortion care and post-abortion contraception* (2015) (previously known as the "task sharing" guidance)
  - *Medical management of abortion* (2018)
- It includes a stronger human rights focus, integrating a human rights perspective and considerations of determinants of health into the recommendations and discussion
  - With a particular focus on sexual and reproductive health and abortion in humanitarian settings, especially during armed conflict
- It introduces inclusive language of "woman, girl, or other pregnant person" to refer to those seeking abortion
  - It explicitly states that "cis-gender women, transgender men, nonbinary, gender-fluid and intersex individuals with a female reproductive system are capable of becoming pregnant and may require abortion care"[1]
- The guidelines add a recommendation relating to telemedicine abortion care for the first time
  - It highlights telemedicine as "an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part"[1] and specifically identifies assessment of eligibility for medical abortion, counseling, provision of instructions for administration of medication abortion, and post-abortion care as pieces of abortion care that can be easily provided through telemedicine

Points of Focus:

- The provision of quality abortion care is the foundational element of the guidelines, with 'quality' encompassing effectiveness, efficiency, accessibility, acceptability, equity, and safety
- Core themes include:
  - Equity and Non-discrimination
  - Inclusive, Person-Centered Approach
  - Medical Abortion, Self-Managed Abortion, Post-Abortion Contraception, and Telemedicine
  - Information and Counseling
  - Abortion as an Essential Health Service
  - Accountability

[1] Abortion care guideline. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.

Overview of Recommendations:

- The Guidelines include 54 concrete evidence-based recommendations encompassing the domains of law and policy, clinical services, and service delivery
- It establishes these three cornerstones of an enabling environment for provision of abortion care:
    - (1) respect for human rights including a supportive framework of law and policy
    - (2) the availability and accessibility of information
    - (3) a supportive, universally accessible, affordable, and well-functioning health system. [1]

- **Law and Policy** recommendations include:
    - The full decriminalization of abortion
        - Guidelines also provide the first-ever definition of decriminalization by a UN agency – "Decriminalization means removing abortion from all penal/criminal laws, not applying other criminal offences (e.g. murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors."[1]
    - Opposition to:
        - Laws and regulations that restrict abortion by grounds (e.g. health exception) or that prohibit abortion based on gestational age limits
        - Mandatory waiting periods for abortion
        - Regulations on who can provide and manage abortion that are inconsistent with WHO guidance which stipulates that abortion can be safely provided by a wide range of health workers in diverse settings as well as self-managed early in pregnancy
        - Barriers created by conscientious objection
    - Making abortion available on the request of the woman, girl, or other pregnant person without the authorization of any other individual, body or institution

- **Service Delivery** recommendations include:
    - **Best Practice Statement on service delivery**
        - There is no single recommended approach to providing abortion services. A plurality of service-delivery approaches can co-exist within any given context depending on location, personal preference, available resources among other considerations.
        - Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of options taken together will provide:
            - Access to scientifically accurate, understandable information at all stages;
            - Access to quality-assured medicines (including those for pain management);

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        - Back-up referral support if desired or needed; and,
        - Links to an appropriate choice of contraceptive services for those who want post-abortion contraception[1]
    - The guidelines also recommend provision of information and counseling by a variety of health workers and telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part

- **Clinical Services** recommendations include:
    - Opposition to the use of ultrasound scanning as a prerequisite for providing abortion services
    - For medical abortion at <12 weeks, the guidelines recommend medical management by self, community health workers, pharmacy workers, pharmacists, traditional and complementary medicine professionals, auxiliary nurses/ANMs, nurses, midwives, associate/advanced associate clinicians, and generalist and specialist medical practitioners
        - The recommended dosage is 200 mg mifepristone administered orally, followed 1-2 days later by 800 μg misoprostol administered vaginally, sublingually or buccally
    - For medical abortion at ≥ 12 weeks, WHO recommends medical management by a generalist or specialist medical practitioners
        - The recommended dosage here is 200 mg mifepristone administered orally, followed 1-2 days later by repeat doses of 400 μg misoprostol administered vaginally, sublingually or buccally every 3 hours as needed to achieve success in abortion process
    - For surgical abortion at < 14 weeks, they recommend vacuum aspiration by traditional and complementary medical professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners
    - For surgical abortion at ≥ 14 weeks, they recommend dilation and evacuation (D&E) by a generalist medical practitioner or specialist medical practitioners
    - Following uncomplicated surgical or medical abortion, WHO states there is no medical need for follow up care; however, they do recommend the provision of information about availability of additional services to support physical and mental health, and that the option of initiating contraception at the time of surgical or medical abortion be offered

A more complete overview of the updated guidelines is available via the Executive Summary

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